2. re. the eviction of certain Depressed Class people.

Mr. President.—There is another motion from Mr. Kumaran Ezhuthassan regarding *"the forcible eviction of depressed class (so called) occupants of the 'Talacode' colony on the 17th Karkadagam 1112 when the weather was most inclement"*.

Apart from the merit of that question, the date itself rules it out. It is 17th Karkadagom and to-day is 25th. It ought to have been brought to the notice of the House on the 18th itself when the Council met.

Mr. P. Kumaran Ezhuthassan *(Wadakkancheri)*.—Something takes place at the farthest end of the State, on the Travancore boundary. I came to know of it only yesterday.

Mr. President.—I have given a clear ruling on that point. Suppose you say that you came to know of a matter which happened last year only now. If that argument is accepted that ruling will be nullified.

Apart from that I am not prepared to consider this as a matter of such urgency as to warrant an adjournment of the business of the House.

On both these objections I rule it out.

Motion was ruled out of order.

Election to the Text Book Committee.

Mr. President.—Hon'ble Members must have been aware of the notification that appeared in the last Gazette about the reconstitution of the Text Book Committee. Government propose to have 7 elected Members and two of the seven are to be elected by this Council. The nomination papers must be handed over to the Secretary to the Council on Thursday before 5 p. m. and the election will be held at 5. p. m. on 13th August.

VOTING OF DEMANDS FOR GRANTS (Contd.)

23—Medical—Rs. 3,86,320 (contd.)

Motion No. 34 (contd.)

Mr. A. Eachara Menon *(Chittur Rural)*.—It has been stated that there is no idea of shifting the hospital from the

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present site. I want to bring to the notice of the Government that the balance of the amount set apart for this purpose should be spent in othor places where improvements are necessary.

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—The shifting of the hospital from its present situation to a place a little away from the heart of the town was before a special Committee and the special committee after visiting the different parts of the town came to a conclusion. There were voices of dissent amongst the public of Trichur for shifting the hospital from the present site and Government have at present come to the conclusion that this hospital shall remain there and orders have been passed to improve the present hospital and make additional accommodation in the present hospital, to make it more fitting to the future needs of the town. The Chief Engineer has been asked to remodel the hospital and steps are being taken for that. It has not been possible to allot funds for the next year due to paucity of funds but still we shall try to finish the estimating and planning and take up the work early next year.

Mr. A. Eachara Menon *(Chittur Rural).*—Is there any amount set apart for it?

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—There was a special grant of Rs. 3 lakhs and a good deal of it has been spent in improving other hospitals in the State. It is not the amount set apart from the budget. Year after year allotments were made from the revenue of the State and I believe the sum already spent is more than the amount originally thought of.

Mr. C. R. Iyyunni *(Trichur South).*—May I know what are the hospitals to which amounts have been set apart out of these 3 lakhs?

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—Throughout the whole State, for example, for the General Hospital, Ernakulam, an out-patient building and a women's and children's ward have been sanctioned. The ward has been completed and it has been occupied. The out-patient building is nearing completion, and I believe it will be occupied next year. As regards the Men's Hospital at Mattancherry it has been completed and it will be occupied by the beginning of next year. Improvements have been effected in the Women and Children's hospital at Mattancherry and several improvements have been

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made in places like Chittur, Kunnamkulam, Irinjalakuda, Narakkal and other dispensaries, like Mala, Chowwara, Kozhinjampara, Naniode and Anthikad.

Mr. C. R. Iyyunni (*Trichur South*).—May I know how many beds there are in the General Hospital?

Dr. D. Raghavendra Rao (*Chief Medical Officer*).—At present there are about 250 beds.

Mr. C. R. Iyyunni (*Trichur South*).—And in the Civil Hospital and Maternity hospitals at Trichur?

Dr. D. Raghavendra Rao (*Chief Medical Officer*).—About 200.

Mr. C. R. Iyyunni (*Trichur South*).—Is it not 195 to be exact? Are the figures given in the Administration Report correct with regard to the number of patients?

Dr. D. Raghavendra Rao (*Chief Medical Officer*).—Yes.

Mr. P. Kumaran Ezhuthassan (*Wadakkancheri*).—The Chief Medical Officer said that further improvements are proposed to be effected. May I know the nature of the improvements so that we may restrict the scope of the discussion?

Dr. D. Raghavendra Rao (*Chief Medical Officer*).—Additional accommodation for housing more patients as also special departments like eye, nose, ear and throat.

* മിസ്റ്റർ സി. ആർ. ഇയ്യുണ്ണി (*Trichur South*).— സർ, ഈ വിഷയത്തെപ്പറ്റി പറയുന്നതിനു ഉത്സാഹിക്കുമ്പോൾതന്നെ തൃശ്ശൂരും എറണാകുളവുമായി ഒരു താരതമ്യം ചെയ്യേണ്ട ഒരു ഗഡുവു വന്നുചേർന്നിരിക്കുന്നതു സങ്കടകരമായ ഒരവസ്ഥതന്നെയാണ്. സംഖ്യ ക്ലിപ്തമായിരിക്കുകയും ആ സംഖ്യകൊണ്ടുതന്നെ കൊച്ചീരാജ്യത്തുള്ള നാനാ ഏർപ്പാടുകളും ചെയ്യേണ്ടിയുമിരിക്കുമ്പോൾ ഒരു പട്ടണത്തിനൊ ഒരു പ്രദേശത്തിനൊ കൂടുതൽ സംഖ്യ അലോട്ടു ചെയ്യുകാണുന്നതിനെ സംബന്ധിച്ചു് സപ്ലുമെങ്കിലും ഒരു സൂചനചെയ്യാതെ മറ്റു സ്ഥലങ്ങൾക്കുവേണ്ടതായ ആവശ്യങ്ങൾ നിറവേറുന്നതിനെപ്പറ്റി പറയുവാൻ സാധ്യമല്ല. അതൊരു അസൂയകൊണ്ടും മറ്റുമല്ല, അവനവന്നു കിട്ടുവാൻ അവകാശപ്പെട്ടിട്ടുള്ള അവകാശങ്ങളെ വിട്ടുകളയുന്നതിൽ ഒരു കൃത്യലോപം വരും എന്നു ശങ്കിച്ചിട്ടാണു്. രണ്ടൊ മൂന്നൊ കൊല്ലമായിട്ടു തൃശ്ശൂരിനു എന്തൊ ഒരു ഗ്രഹപ്പിഴ ബാധിച്ചതുപോലെ തോ

* Speech not corrected by the Hon'ble Member.

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തോന്നുന്നു. കൊച്ചീ രാജ്യത്തിലെ പണം മുഴുവൻ അല്ല; അതിൽ ഒരു ഭൂരിപക്ഷം സംഖ്യ, അല്ലെങ്കിൽ അതിലൊരംശമെങ്കിലും തൃശ്ശൂക്കാക്കു സിദ്ധിക്കാതിരിക്കുന്നതു് ഒരു സങ്കടകരമായ അവസ്ഥയാണു്. അതിനു പലേ കാരണങ്ങളുമുണ്ടായിരിക്കാം. ആ കാരണങ്ങളെ പറ്റിയൊന്നും ഞാൻ വിസ്തരിക്കണമെന്നു ഉദ്ദേശിക്കുന്നില്ല. തൃശ്ശൂരിലുള്ള ജനങ്ങളുടെ ആവശ്യത്തിനു് വല്ലതും ചെയ്യേണ്ടിവന്നാൽ അതു് തൃശ്ശൂക്കാർതന്നെ വഹിക്കണമെന്നു പറയുന്നതു ശരിയല്ല. പക്ഷെ അതു വഹിക്കുവാൻ അവർ തയ്യാറാണു്. എന്നാൽ കൊച്ചീരാജ്യത്തുനിന്നു ആകപ്പാടെ പിരിക്കുന്ന പണത്തിൽ ഒരംശം മറ്റു സ്ഥലങ്ങളിൽ ചിലവുചെയ്യുന്നതുപോലെ തൃശ്ശൂരിന്നും തരണമെന്നു പറയുന്നതു് അസംബന്ധമായ ഒരു വകാശമല്ല. ഈ കാര്യത്തിൽ ഗവൺമെൻറു ദൃഷ്ടിവെക്കണമെന്നാണു് വാദം. ദിവാൻ പ്രസിഡണ്ടിൻെറ പ്രസംഗത്തിൽ പറഞ്ഞു തൃശ്ശൂരിൽ ചില സ്ഥലങ്ങൾ നന്നാക്കുവാൻ പോകുന്നുണ്ടു് എന്നു്. എന്നാൽ അതിനു പണം ചിലവാക്കുന്നതു് ദേവസ്വവും മുനിസിപ്പാലിറ്റിയുമാണു്. ഇതിൽ കൊച്ചീ ഗവൺമെൻറിനു അഭിമാനം കൊള്ളുവാനൊന്നുമില്ല. കൊച്ചീരാജ്യത്തിലെ ഒരു പ്രധാന പട്ടണമായ തൃശ്ശൂരിൽ എന്തെങ്കിലും ഒരു കാര്യം ചെയ്യുകൊടുത്തിട്ടുണ്ടോ?

മിസ്റ്റർ കെ. അയ്യപ്പൻ (*Ezhuvas South*).— ടൌൺഹാൾ പണിയുന്നില്ലേ?

മിസ്റ്റർ സി. ആർ. ഇയ്യുണ്ണി (*Trichur South*).— ടൌൺഹാളിനു രണ്ടു ലക്ഷത്തിൽ ചിലപാനം ഉറുപ്പിക ചിലവാക്കുവാൻ പോകുന്നതു ശരിതന്നെ. പക്ഷെ അതു സ്ഥിതിചെയ്യുന്ന സ്ഥലം നോക്കുകയാണെങ്കിൽ ആകപ്പാടെ എല്ലാവക്കും ബോദ്ധ്യപ്പെട്ട സ്ഥലത്തല്ല.

ഈ കൊച്ചീരാജ്യത്തു പ്രധാനമായിട്ടു മൂന്നു പട്ടണങ്ങളാണു് ഉള്ളതു്. അതു് എറണാകുളം, മട്ടാഞ്ചേരി, തൃശ്ശൂർ ഇവകളാണു്. ഇവിടങ്ങളിലുള്ള ആശുപത്രികളിൽ വന്നിട്ടുള്ള പേഷ്യൻസിൻെറ കണക്കു് അഡ്മിനിസ്ട്രേഷൻ റിപ്പോർട്ടപ്രകാരം.

	Men.	Women.	Children.
General Hospital	28,136	29,049	23,149.
Civil Hospital	28,798	19,410	15,846.
Maternity Hospital		21,988	12,752.

Dr. A. R. Menon (*Pallippuram*).—The mistake was in that building.

മിസ്റ്റർ സി. ആർ. ഇയ്യുണ്ണി (*Trichur South*).— ഇതുകൊണ്ടു ഒരു സംഗതി മനസ്സിലാകുന്നതു് എറണാകുളത്തു് തൃശ്ശൂരിൽ വന്നിട്ടുള്ളിടത്തോളം out-patients വന്നിട്ടില്ല എന്നാണു്. എന്നാൽ തൃശ്ശൂരിലുള്ള ആളുകൾക്കു കൂടുതൽ സൌകര്യക്കുറവുമുണ്ടു്. തൃശ്ശൂരും എറണാ

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കൂടുമായിട്ട് ഒരു വ്യത്യാസം കണക്കാക്കാം. എറണാകുളം സ്ഥിതി ചെയ്യുന്നതു് മിക്കവാറും കൊച്ചീരാജ്യത്തിന്റെ തെക്കെ അറ്റത്താണു്. എന്നാൽ തൃശ്ശൂർ ഏതാണ്ടു മദ്ധ്യത്തിലാണു്. അതായതു് ചിറ്റൂർ തലപ്പിള്ളി മുകുന്ദപുരം എന്നീ താലൂക്കുകളുടെ മദ്ധ്യേയാണു്. നേരെമറിച്ചു് എറണാകുളത്തോടു് അടുത്തു കിടക്കുന്നതു് തിരുവിതാംകൂറിന്റെ പല ഭാഗങ്ങളുമാണു്. അവിടെ ചികിത്സക്കു വരുന്നവരിൽ ഭൂരിഭാഗവും കൊച്ചീക്കാരായിരിക്കയില്ല. തിരുവിതാംകൂറുകാരോടു വിരോധം കാണിക്കണമെന്നല്ല ഞാൻ പറയുന്നതു്. ഇതുകൊണ്ടു അധികം ഉപയോഗമുള്ളതു കൊച്ചീക്കാക്കില്ല. എന്നാൽ ഇതിനോടു് ഏതാനും കിടപിടിക്കാനുള്ള ഒരു സംഖ്യ തൃശ്ശൂരിലും ചിലവഴിക്കണമെന്നാണു് ഞാൻ പറയുന്നതു്.

അതുകൊണ്ടു ഞാൻ പറയുന്നതു് എന്താണെന്നുവച്ചാൽ കൊച്ചീക്കാരായ ബഹുഭൂരിപക്ഷം ജനങ്ങൾക്കു ഉപകാരപ്രദമായി തീരുന്നതായ തൃശ്ശിവപേരൂർ ആശുപത്രി തീരെ വേണ്ടെന്നു വെക്കുകയൊ അല്ലെങ്കിൽ അവിടെ വരുന്ന രോഗികൾക്കു വേണ്ട ശുശ്രൂഷാദിസൌകര്യങ്ങൾ ചെയ്തുകൊടുക്കുന്നതിന്നുവേണ്ട പണം വ്യയംചെയ്യുകയൊ ചെയ്യണമെന്നാണു്. എറണാകുളത്തു ചിലവു ചെയ്യുന്നതിനെപ്പറ്റി പറയുമ്പോൾ എറണാകുളത്തുകാർ മുഷിയും.

വി. കെ. കുട്ടി (*Muslims*).— ഒരിക്കലുമില്ല.

മിസ്റ്റർ സി. ആർ. ഇയ്യുണ്ണി (*Trichur South*).— തീർച്ചയായിട്ടും മുഷിയും. നമ്മുടെ ദിവാൻ പ്രസിഡണ്ടു് അവർകൾതന്നെ താമസിക്കുന്നതു എറണാകുളത്താണു്. അതുകൊണ്ടു ഒരു പക്ഷപാതിത്വം അദ്ദേഹത്തിനു് എറണാകുളത്തോടുണ്ടാകുമെന്നു കാര്യം തീർച്ചയാണു്. ഞങ്ങൾക്കു അതിൽ വിരോധമൊന്നുമില്ല. എന്നാൽ ഞങ്ങളെ വിസ്മരിക്കരുതു് എന്നാണു ഞങ്ങൾ പറയുന്നതു്. ഈ എറണാകുളത്തു് ചിലവു ചെയ്യുന്നതിൽ ഒരു മുക്കാൽ അംശമെങ്കിലും ഞങ്ങൾക്കും കിട്ടണമെന്നാണു് ഞാൻ ആവശ്യപ്പെടുന്നതു്. തൃശ്ശൂരിലെ സ്ഥിതി നോക്കുകയാണെങ്കിൽ, അവിടെയുള്ള വ്യവസായം, വാണിജ്യം, പബ്ലിക്കാപ്പീസുകൾ ഇതൊക്കെ നോക്കുകയാണെങ്കിൽ, ഇവിടത്തെപ്പോലെയുള്ള പരിഷ്കരണത്തിനു് അതും അർഹിക്കുന്നുണ്ടു്.

പിന്നെ ലേഡി മെമ്പർ ഇന്നലെ എറണാകുളത്തെ ലേഡീസു അസോസിയേഷന്റെ കാര്യം പറഞ്ഞു. ഒരു ലേഡി മെമ്പറാണല്ലൊ എന്നു വിചാരിച്ചാണു് ഞാൻ അതിനെക്കുറിച്ചൊന്നും പറയാതിരുന്നതു്. എന്നാൽ ഒരു ലേഡീസു അസോസിയേഷൻ തൃശ്ശൂരുമുണ്ടു്. അവിടെയുള്ള സ്ത്രീജനങ്ങളും അവരുടെ അസോസിയേഷനു വേണ്ട സഹായം ചെയ്യണമെന്നു ഗവൺമെൻറിനോടു് അപേക്ഷിച്ചിട്ടുണ്ടു്.

മിസ്സിസ് മീനാക്ഷി എൻ. മേനോൻ (*Nominated*).— ഇവിടേക്കു ആവശ്യപ്പെട്ടിട്ടുള്ളതു് പതിനായിരം രൂപാ ഗവൺമെൻറിൽനിന്നു തിരിച്ചുതരുന്നതിനു മാത്രമാണു്.

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മിസ്റ്റർ സി. ആർ. ഇയ്യുണ്ണി *(Trichur South)*.— തൃശ്ശിവപേരൂർ മുനിസിപ്പാലിറ്റി അനവധി കാലമായി ഉപയോഗിച്ചിരുന്നതായ ഒരു സത്രമുണ്ടായിരുന്നതു് ഗവൺമെൻറു പെട്ടെന്നു അവരുടെ കയ്യിലേക്കു മാറ്റി. എന്നാൽ അതു തിരിയെ കിട്ടുന്നതിനു അനവധി നാളത്തെ മത്സരത്തിൻെറ ഫലമായി പ്രതിമാസം മുപ്പതു രൂപായൊ മറ്റൊ അനുവദിച്ചിട്ടുണ്ടെന്നാണു കേൾക്കുന്നതു്. ഇതുപോലെ നോക്കുകയാണെങ്കിൽ ഇവിടെ എത്രത്തോളം കിട്ടുവാനവകാശമുണ്ടോ അത്രത്തോളം ഞങ്ങൾക്കും കിട്ടുവാനവകാശമുണ്ടു്.

മിസ്സിസ്സ് മീനാക്ഷി എൻ. മേനോൻ *(Nominated)*.— ഗവൺമെൻറിൻെറ കമ്മ്യൂണിക്കേഷൻ ശരിക്കുണ്ടായിരുന്നു; അതു തിരിച്ചു തരാമെന്നു്.

മിസ്റ്റർ സി. ആർ. ഇയ്യുണ്ണി *(Trichur South)*.—തൃശ്ശൂരിൻെറ കാര്യത്തെപ്പറ്റി പറയുമ്പോൾ തെക്കൻ മെമ്പർമാക്കു് എന്തോ വിരോധംപോലെ തോന്നുന്നു. അതിൻെറ കാര്യമെന്താണെന്നു് എനിക്കു മനസ്സിലാകുന്നില്ല.

മിസ്റ്റർ വി. കെ. കുട്ടി *(Muslims)*.—സർ, തെക്കൻ മെമ്പർമാക്കു യാതൊരു എതിരുമില്ല. ഈ പറഞ്ഞ സത്രം തിരിയെ മുനിസിപ്പാലിറ്റിക്കുതന്നെ കൊടുക്കണമെന്ന വാദം ഇവിടെ വന്നപ്പോൾ തെക്കൻ മെമ്പർമാർ അതിനെ അനുകൂലിച്ചു വോട്ടചെയ്തിട്ടുണ്ടു്.

മിസ്റ്റർ സി. ആർ. ഇയ്യുണ്ണി *(Trichur South)*.— വടക്കുള്ള ആളുകൾക്കു പ്രത്യേകിച്ചു ഒരു ദോഷമുള്ളതു് എന്തെന്നാൽ സ്തുതിഗീതം കുറെ മുതുക്കമാണു് എന്നുള്ളതാണു്. ഏതെങ്കിലും ചില വ്യക്തികളോടു വിരോധമുണ്ടെന്നുവച്ചു ആ രാജ്യക്കാരോടു മുഴുവൻ പാതകംചെയ്തു എന്നുവന്നാൽ അതു് വലിയൊരു അക്രമമാണു്. കൊച്ചീ രാജ്യത്തെ ഒരു പ്രധാന വ്യവസായ കേന്ദ്രമാണു് തൃശ്ശിവപേരൂർ എന്നതുകൊണ്ടു് അനവധി ആളുകൾ അവിടത്തെ ആസ്വസ്ഥിയെ അഭയംപ്രാപിക്കുന്നുണ്ടു് എന്നുള്ളതും നിർവ്വിവാദമാണു്. എന്നതന്നെയല്ല അനവധി ആളുകൾ കൊച്ചീ രാജ്യത്തു വന്നുചേരുവാനിടയുള്ള ഒരു സ്ഥലവുമാണു്. അവിടേക്കു എന്തെങ്കിലും സൌകര്യം ചെയ്തുകൊടുത്തിട്ടുണ്ടോ എന്നു നോക്കുകയാണെങ്കിൽ എറണാകുളത്തു് ചിലവു ചെയ്തിട്ടുള്ളതിൽ പത്തിലൊരംശം ഉണ്ടോ എന്നു സംശയമാണു്. അതുകൊണ്ടു ഇങ്ങിനെയുള്ള കാര്യങ്ങളിൽ ഗവൺമെൻറു നിഷ്പക്ഷബുദ്ധിയോടുകൂടിയുള്ള ദൃഷ്ടിപതിക്കണമെന്നാണു് എനിക്കു പറയുവാനുള്ളതു്.

മിസ്റ്റർ കെ. അയ്യപ്പൻ *(Ezhuvas South)*.—സർ, തൃശ്ശൂക്കാക്കു ഗവൺമെൻറിൽനിന്നും കൂടുതൽ ആനുകൂല്യങ്ങൾ കിട്ടുന്നതിൽ എറണാകുളത്തുകാക്കു യാതൊരു വിരോധവുമില്ല. (ഹിയർ, ഹിയർ.) തൃശ്ശൂക്കാർ കിട്ടുന്ന അവസരങ്ങളെല്ലാം ഗവൺമെൻറിനെ ശകാരിക്കുവാൻ ഉപയോഗിക്കുന്നതിലും എറണാകുളത്തുകാക്കു യാതൊരു വിരോധവുമില്ല.

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എറണാകുളം ജനറൽ ആശുപത്രി തൃശ്ശൂരിൽ കൊണ്ടുപോയി സ്ഥാപിക്കുന്നതിലും എറണാകുളത്തുകാക്ക് വിരോധമില്ല.

മിസ്റ്റർ പി. കുമാരനെഴുത്തച്ഛൻ *(Wadakkancheri)*.— അതു സമ്മതിക്കുമെന്നു തോന്നുന്നില്ല. ഈ പറയുന്നതു എറണാകുളത്തുകാക്ക് വേണ്ടിയോ അല്ലെങ്കിൽ സ്വന്തം അഭിപ്രായമോ?

മിസ്റ്റർ കെ. അയ്യപ്പൻ *(Ezhuvas South)*.— ഈ പറഞ്ഞ മെമ്പർ തൃശ്ശൂക്കാക്കുവേണ്ടിയാണു പറയുന്നതെങ്കിൽ ഞാൻ പറയുന്നതു് എറണാകുളത്തുകാക്ക് വേണ്ടിയാണു്. എറണാകുളത്തുകാരോടു ഈ ഗവൺമെൻറിനു ഒരു പ്രത്യേക പ്രതിപത്തിവരുവാൻ കാരണമെന്താണെന്നു ഞാൻ അറിയുന്നില്ല. എറണാകുളത്തു വല്ല പ്രത്യേക ആവശ്യവും പ്രമാണിച്ചു വല്ലതും ചെയ്യുന്നുണ്ടു് എന്നല്ലാതെ എറണാകുളത്തുകാരോടു പ്രത്യേക പ്രതിപത്തികൊണ്ടു് ഒന്നുംചെയ്യുന്നില്ല. ചിറയ്ക്കേയും തൃശ്ശൂരേയും താരതമ്യം ചെയ്യു ചിറയ്ക്കൽ മെമ്പർ തൃശ്ശൂരിൽ ഇപ്പോൾ ഒരു ടൌൺഹാൾ പണിയുവാൻ പണം കൊടുത്തിട്ടുള്ളതുപോലെ ചിറയ്ക്കലിലും ഒരു ടൌൺഹാൾ പണിയണമെന്നു പറഞ്ഞു ക്ഷോഭിച്ചാൽ അതിലുള്ള ന്യായം എങ്ങിനേയൊ അതുപോലെയാണു് എറണാകുളത്തെപ്പോലെ ഒരാശുപത്രി തൃശ്ശൂരും വേണമെന്നു പറയുന്നതിലുള്ള ന്യായവും. ഒരു രാജ്യത്തിൻറെ തലസ്ഥാന നഗരിയിൽ ഏറ്റവും പരിഷ്കൃതമായ നിലയിൽ ഒരു ആശുപത്രിയുണ്ടായിരിക്കേണ്ടതു് ആ രാജ്യത്തിലെ പൊതുജനങ്ങൾക്ക് ആവശ്യമായിട്ടുള്ളതാണു്. അങ്ങിനെയുള്ള ഒരാശുപത്രി എല്ലാ സ്ഥലത്തും സ്ഥാപിക്കാൻ സാധിക്കുന്നതല്ല. തൃശ്ശിവപേരൂർ ഈ രാജ്യത്തിൻറെ മദ്ധ്യേയാണെന്നു പറഞ്ഞു. തൃശ്ശൂരും എറണാകുളവും തമ്മിൽ ഒന്നര മണിക്കൂറിൻറെ വ്യത്യാസമാണുള്ളതു്. അതുകൊണ്ടു് തൃശ്ശൂർനിന്നു ഒരു പ്രധാന ചികിത്സക്കുവേണ്ടി എറണാകുളത്തു വരേണ്ടിവരുന്നവർക്ക് ഇതൊരു വലിയ അകലമല്ല. എറണാകുളത്താശുപത്രി എറണാകുളത്തുകാക്കുവേണ്ടിമാത്രമല്ല ഉപയോഗിക്കുന്നതു്. അവിടെ കിടക്കുന്ന രോഗികളെ നോക്കിയാൽ പ്രത്യേക ചികിത്സക്കുവേണ്ടി വന്നിട്ടുള്ളവരാണെന്നു കാണുവാൻ സാധിക്കും. ഇവിടെ മാത്രമല്ല ഈ സമ്പ്രദായമുള്ളതു്. മദ്രാസ് ജനറൽ ആശുപത്രി മുതലായി പല ആശുപത്രികളിലുമുണ്ടു്.

മിസ്റ്റർ വി. കെ. കൃഷ്ണൻകുട്ടി *(Anthikad)*.— അനുകൂലിക്കുകയോ പ്രതികൂലിക്കുകയോ എന്താണു ചെയ്യുന്നതു്?

മിസ്റ്റർ കെ. അയ്യപ്പൻ *(Ezhuvas South)*.— പ്രസംഗം കേട്ടതിനു ശേഷം മനസ്സിലാക്കിക്കൊള്ളണം. ഇപ്പോൾ നെയ്യൂരിൽ ഒരാസ്പത്രിയുണ്ടു്. നെയ്യൂരിൽ ഒരു പ്രത്യേകമായ ചികിത്സ കിട്ടുമെന്നു ജനങ്ങൾക്കു ബോദ്ധ്യമുള്ളതുകൊണ്ടു തിരുവിതാംകൂറിൽനിന്നു മാത്രമല്ല, കൊച്ചിയിൽനിന്നും മലബാറിൽനിന്നും വളരെ ആളുകൾ അവിടെ പോകുന്നുണ്ടു്. എല്ലാ സ്ഥലത്തും ഈ മാതിരി ആസ്പത്രി ഉണ്ടാക്കുവാൻ സാധിക്കുമോ?

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ഈവക കാര്യങ്ങളിൽ കുറെക്കൂടി വിശാലമായ നിലയിൽനിന്നുകൊണ്ടു സംഗതികൾ നോക്കുവാൻ, ഞങ്ങൾ സ്തുതിഗീതപ്രിയന്മാർ ആണെങ്കിലും, ശകാരഗീതപ്രിയന്മാരോടു ഞങ്ങൾക്കൊരുപേക്ഷയുണ്ടു്. പല അവസരത്തിലും, ഞാൻ ഉപയോഗിക്കുവാൻ പോകുന്ന പദം പാർലിമെൻററിയാണോ എന്നു എനിക്കറിവില്ല. സാധാരണ മര്യാദ അനുസരിച്ചു ആളുകളെപ്പററി അഭിപ്രായം പറഞ്ഞാൽ കൊള്ളാം. ജനങ്ങളുടെ മോട്ടിവിനെപ്പററിയും മറും സ്പർശിക്കുന്നതായ സംഗതികൾ പറയുമ്പോൾ ഒരു പാർലിമെൻററിലെ ഒരു മെമ്പർക്കു കാണിക്കാവുന്നതു സ്വാതന്ത്ര്യത്തിൽ കവിഞ്ഞൊരു സ്വാതന്ത്ര്യം തൃശ്ശൂരിലെ ഒരു മെമ്പർ എടുക്കരുതെന്നു് എനിക്കൊരുപേക്ഷയുണ്ടു്. എറണാകുളത്തുകാർ സ്തുതിഗീതക്കാരാണെന്നു പറയുകയുണ്ടായി.

മിസ്റ്റർ പി. കുമാരനെഴത്തച്ഛൻ *(Wadakkancheri)*.— ആരാണു പറഞ്ഞതു്?

മിസ്റ്റർ കെ. അയ്യപ്പൻ *(Ezhuvas South)*.— ഇവിടെ ഒരു മെമ്പർ പറഞ്ഞു. ഞങ്ങൾ സ്തുതിഗീതക്കാരായിരിക്കാം; എങ്കിലും ശകാരഗീതക്കാരല്ലെന്നുള്ളതു തീച്ചയാണു്. പിന്നെ തൃശ്ശൂർ മെമ്പർ പറഞ്ഞതുപോലെയാണെങ്കിൽ, ഞാൻ മുമ്പു പറഞ്ഞതുപോലെയുള്ള ഒരു പദം ഉപയോഗിക്കാമെങ്കിൽ, ഞങ്ങൾ അവിവേകം കാണിക്കുന്നില്ലെന്നേ അതിനു അർത്ഥമുള്ളൂ. ഞങ്ങൾ അവിവേകം കാണിക്കാത്തതു് സ്തുതിഗീതമായി കരുതുന്നുവെങ്കിൽ. . . . .

മിസ്റ്റർ പി. കുമാരനെഴത്തച്ഛൻ *(Wadakkancheri)*.—അതു നയം.

മിസ്റ്റർ കെ. അയ്യപ്പൻ *(Ezhuvas South)*.— നയമെന്നാണെങ്കിൽ ആ പദമാണു ഉപയോഗിക്കേണ്ടതു്. ഈ കാര്യത്തിൽ എനിക്കു ഗവൺമെൻറിനോടു പറയാനുള്ളതു് എറണാകുളത്തുള്ള ഞങ്ങൾക്കുവേണ്ടി ഒന്നും ചെയ്യണ്ട; ഗവൺമെൻറിൻെറ പ്രധാന സ്ഥാപനമായ ആശുപത്രിക്കുവേണ്ടി വല്ലതും ചെയ്തുകൊള്ളുകയെന്നാണു്. ഞങ്ങൾ ഈ കാര്യത്തിൽ യാതൊന്നും ആവശ്യപ്പെടുന്നില്ല. തൃശ്ശൂക്കാർക്കു കൊടുക്കേണ്ടതിൽ അധികം ഇപ്പോൾ കൊടുക്കുന്നുണ്ടു്. തൃശ്ശിവപേരൂർ ടൌണിനെ നേരെയാക്കുന്നതിനു്, ഗവൺമെൻറിൻെറ സഹായംകൂടാതെ തന്നെ തൃശ്ശൂർ പട്ടണത്തെ പരിശുദ്ധമായ നിലയിൽ നന്നാക്കുവാൻ മുനിസിപ്പാലിറ്റിയുടെ സ്വാതന്ത്ര്യത്തെ രക്ഷിക്കുവാനും ശ്രമിച്ച ആളോടു തൃശ്ശൂക്കാർ എങ്ങിനെ പെരുമാറി എന്നു ഞങ്ങൾക്കറിയാം.

മിസ്റ്റർ പി. കുമാരനെഴത്തച്ഛൻ *(Wadakkancheri)*.—തൃശ്ശൂക്കാരല്ല.

മിസ്റ്റർ കെ. അയ്യപ്പൻ *(Ezhuvas North)*.—തൃശ്ശൂക്കാർതന്നെ എറണാകുളത്തുകാരല്ല. ഏതായാലും തൃശ്ശൂർ ജനറൽ ആശുപത്രിയെ ഗവൺമെൻറു പരിശ്ശുദ്ധീകരിക്കുവാൻ യാതൊരു ലോഭവുംകൂടാതെ പണം ചിലവുചെയ്യണമെന്നു ഞാൻ അപേക്ഷിക്കുന്നു.

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Mr. A. V. Moothedan *(Chalakkudi)*.—On a point of information. Did the Medical Advisory Board decide to shift the hospital from the present site?

Dr. D. Raghavendra Rao *(Chief Medical Officer)*.—The decision of the Advisory Board was to shift it from the present site.

മിസ്റ്റർ കെ. എസ്സ്. പണിക്കർ *(Ezhuvas North)*.— സർ, ഞാൻ ഈ ഉപക്ഷേപത്തെ അനുകൂലിക്കുന്നു. ഇവിടെ ഓരോരുത്തരുടെ അഭിപ്രായം കേട്ടതിൽ തെക്കരും വടക്കരും തമ്മിൽ രണ്ടു ചേരികളായി നിന്നു സമരത്തിനാണു ഭാവിച്ചിരിക്കുന്നതു് എന്നു തോന്നുന്നു. എറണാകുളത്തുകാർക്കു കൂടുതൽ ആനുകൂല്യങ്ങൾ ചെയ്തു കൊടുക്കുന്നതിൽ തൃശ്ശൂക്കാർക്കു യാതൊരു വിരോധവുമില്ല. എറണാകുളത്തു ചെയ്യുന്നതുപോലെ തൃശ്ശൂരിലും ചെയ്യണമെന്നാണു ഞങ്ങൾ പറയുന്നതു്. എല്ലാവർക്കും വൈദ്യസഹായം ആവശ്യമാണു്. അല്ലാതെ രണ്ടുകൂട്ടരും തമ്മിൽ യാതൊരു വിരോധവുമില്ല. ഈ സംഗതി ഗവൺമെണ്ടിനെ മനസ്സിലാക്കണം. മറെറയാൾക്കു കൊടുത്തു, ഞങ്ങൾക്കു തന്നില്ല എന്നുള്ളതു് ഒരു ബാലിശമായ വാദമാണു്. ഇതു കൊള്ളുകയില്ല.

ബഹുമാനപ്പെട്ട തെക്കെ ഈഴവ മെമ്പർക്കു് ഇപ്പോൾ തൃശ്ശൂരും എറണാകുളവും ഒരുപോലെ ബന്ധപ്പെട്ടാണിരിക്കുന്നതു്. അറിയാവുന്ന ഏവർക്കും അറിയാം. അതുകൊണ്ടു് ഇനി ഇവിടത്തെ ഹാർബർ തന്നെ തൃശ്ശൂക്കു കൊണ്ടുപോകണമെന്നു പറഞ്ഞാൽ അദ്ദേഹം അതിനെ വളരെ സന്തോഷത്തോടുകൂടി അനുകൂലിക്കുകയേയുള്ളൂ.

തൃശ്ശൂരാശുപത്രി ഇരിക്കുന്നതു് ഏറക്കുറെ ഈ രാജ്യത്തിന്റെ ഒരു മദ്ധ്യത്തിലാണെന്നു തന്നെ പറയാം. തൃശ്ശൂരിൽനിന്നും ഫർ നാഴിക അകലെയുള്ള പെരിങ്ങോട്ടുകരയിലെ ആളുകൾക്കും അഭയസ്ഥാനം തൃശ്ശിവപെരൂർ ആശുപത്രിയാണു്. എന്നാൽ അവിടെ ശരിയായ സ്ഥലസൗകര്യങ്ങൾ ഇല്ലാത്തതുകൊണ്ടു വളരെ ദൂരത്തുനിന്നു വളരെ കഷ്ടപ്പെട്ടും ബുദ്ധിമുട്ടിയും തൃശ്ശൂർ ചെല്ലുന്ന രോഗികളെ അവിടെ കിടത്തി ചികിത്സിക്കുവാൻ അനുവദിക്കായ്കയാൽ ഇച്ഛാഭംഗത്തോടെ മടക്കിക്കൊണ്ടുപോരുന്ന കാഴ്ച ഏവന്റേയും ഹൃദയത്തെ ഭേദിക്കുന്ന ഒരു സംഗതിയാണു്. അതിനുള്ള സൌകര്യം കൂടി ആ ആസ്പത്രിക്കു ഉണ്ടാക്കിത്തീർക്കണമെന്നാണു ഞങ്ങൾ പറയുന്നതു്.

കേന്ദ്രസ്ഥാനമെങ്കിലും ഒരു രാജ്യത്തിന്റെ തെക്കെ അതൃത്തിയിൽ സ്ഥിതിചെയ്യുന്ന ഒരു ആസ്പത്രിപോലെയെങ്കിലും അവിടത്തേക്കാൾ വളരെ കൂടുതൽ കൊച്ചീക്കാരായ ജനങ്ങൾക്കു ഏറ്റവും ഉപകാരപ്രദമായ തൃശ്ശൂർ ആസ്പത്രിയെ കരുതി വേണ്ടതു പ്രവൃത്തിക്കണമെന്നു പറയുന്നതു് എത്രയോ കായ്മയായ ഒരു സംഗതിയാണെന്നു പറയേണ്ടതില്ല. കുറച്ചു കൊല്ലം മുമ്പു് തൃശ്ശൂർനിന്നു ഉദ്ദേശം ഒമ്പതു മൈൽ അകലമുള്ള മുണ്ടൂരിൽ

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വെച്ചു ഒരു കോടാലിയുടെ മുറി പാറിയ ഒരാൾ അടുത്തെങ്ങും ആസ്പത്രിയില്ലായ്കയാൽ തൃശ്ശൂർ സിവിൽ ആശുപത്രിയിൽ ചെന്നു ഉടനെ ചത്തുപോയി. എന്നാൽ വല്ല വൈദ്യസഹായവും അടുത്തുണ്ടായിരുന്നുവെങ്കിൽ അയാൾ മരിക്കയില്ലായിരുന്നു എന്നാണു ചില ഡാക്ടർമാർ അഭിപ്രായപ്പെട്ടതു്. അതുകൊണ്ടു ഈ ആശുപത്രിയിൽ കുറെ സൗകര്യമുണ്ടാക്കിത്തരണമെന്നു അപേക്ഷിക്കേണ്ടതു് ഉൾനാട്ടുകാരുടെ പ്രതിനിധികളായ ഞങ്ങളുടെ കടമയാണു്. ആ ചുമതല നിറവേറുകമാത്രമാണു ഞാൻ ചെയ്യുന്നതു്.

സർ, അനവധി പണം ഇവിടെ പലവിധത്തിൽ ചിലവുചെയ്യുന്നുണ്ടു്. അങ്ങിനെ ചിലവു ചെയ്യുന്ന കൂട്ടത്തിൽ തൃശ്ശൂർ ആശുപത്രിയുടെ അസൌകര്യത്തെ പരിഹരിക്കുവാൻ കുറച്ചു പണം, ചിലവാക്കുന്നതിൽ ശവമ്മെണ്ടിനു നഷ്ടമില്ലെന്നാണു ഞാൻ പറയുന്നതു്. എത്രയോ സാധുക്കളായ രോഗികൾ out-patient ആയി ചേർന്നു യാതൊരു ഗതിയുമില്ലാതെ കഷ്ടപ്പെടുമ്പോൾ അതേ സമയത്തുതന്നെ തലസ്ഥാന നഗരിയിലെ ആസ്പത്രി എന്ന നിലയിൽ അതിനെ കൂടുതൽ പരിഷ്കരിക്കുവാൻ നോക്കുകയും അതേസമയത്തു തൃശ്ശൂർ ആസ്പത്രിയോടു ചിറ്റമ്മ നയം കാണിക്കുകയും ചെയ്യുന്ന ആ രീതി കാണുമ്പോൾ തൃശ്ശൂർ ആസ്പത്രിയിൽ സൌകര്യമില്ലാതെ കഷ്ടപ്പെടുന്നവർ എങ്ങിനെ സഹിക്കുമെന്നു് ആലോചിക്കുന്നതു നന്നായിരിക്കും. ക്ഷമാപരിശീലനം ഇനിയെങ്കിലും മതിയാക്കണമെന്നു ഞാൻ ശവമ്മെണ്ടിനോടപേക്ഷിക്കുന്നു. ദയവുചെയ്തു് ഈ വക ആക്ഷേപങ്ങളിൽ ബഹുമാനപ്പെട്ട മെമ്പറന്മാർ വ്യക്തിവിദ്വേഷം വെച്ചുകൊണ്ടു നിരവധി സാധുക്കളെ കഷ്ടപ്പെടുത്താൻ പര്യാപ്തമായ ഒന്നും പറയാതെ ശവമ്മെണ്ടിന്റെ കയ്യിൽനിന്നു് കായ്യം നേടുവാനായിട്ടുള്ള വഴികളെയാണു നോക്കേണ്ടതു്.

ബാക്കിയുള്ള സ്ഥലത്തു ചിലവു ചെയ്യുന്നതുപോലെ തൃശ്ശൂരും ചിലവുചെയ്യണമെന്നല്ല ഞാൻ പറയുന്നതു്. ശകുന്തളാ തമ്പുരാൻ തിരുമനസ്സുകൊണ്ടു് വളരെ താല്പര്യത്തോടുകൂടി ഉണ്ടാക്കീട്ടുള്ള ഒരു പട്ടണമാണു തൃശ്ശിവപേരൂർ. അദ്ദേഹത്തിന്റെ ചരിത്രങ്ങളെഴുതി നമ്മുടെ കുട്ടികളെ പഠിപ്പിക്കുവാൻ അനുവദിക്കുന്നുണ്ടെങ്കിൽ ആ പട്ടണത്തെ തീരെ വിസ്മരിക്കാതിരിക്കണമെന്നാണു് എനിക്കപേക്ഷിക്കുവാനുള്ളതു്. ബാക്കിയുള്ള പല ഇനങ്ങളിൽനിന്നും പണം വെട്ടിക്കുറച്ചെങ്കിലും ഈ ആശുപത്രിക്കുവേണ്ടി ചിലവുചെയ്യുവാനുള്ള സംഖ്യയുണ്ടാക്കി ആവശ്യമായ സൌകര്യങ്ങൾ ഈ ഫ്രഫ്രനു-ൽ തന്നെ ഉണ്ടാക്കിത്തരണമെന്നാണു് എനിക്കപേക്ഷയുള്ളതു്.

Mr. President.—I am afraid the incidents connected with the improvement of the Civil Hospital at Trichur have been completely forgotten by the Hon'ble speakers who have spoken

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so far. If only attention is diverted upon the reasons why the improvement had to be postponed there will be better appreciation of the debate. There seems to be some misapprehension that there is a special fund available for the improvement of the medical institutions of the State. There is no special fund which has been set apart from which amounts should be drawn. What was actually done was that in connection with the visit of His Excellency the Viceroy, His Highness was graciously pleased to order that an expenditure amounting to three lakhs of rupees should be spent for improving the amenities of the Medical institutions of the State. Accordingly a programme was framed. No special fund was created because there was no special money. The intention was to set apart specially from each year's revenues certain amounts which in the aggregate would come to 3 lakhs which could be utilised for improving the amenities of the medical institutions.

Dr. A. R. Menon (*Pallippuram*).—Was any period fixed?

Mr. President.—No period was fixed.

The Chief Medical Officer, the Chief Engineer and the Director of Public Health and Panchayats were asked to prepare plans and estimates. One of the plans prepared was to bring about radical improvements to the Civil Hospital at Trichur. Since I assumed office, it was brought to my notice that over a lakh and a half was intended to be spent for having a pucca Civil Hospital at Trichur. After all, in deciding what improvements have to be effected and what exactly is the best location for a hospital Government have been primarily guided by the Medical Advisory Board and it was the distinct opinion of our Medical Officers that the present site of the Civil Hospital at Trichur is not suited to a first class Civil Hospital and in view of the growing population of Trichur, it would be a waste of money to spend all this in simply improving the present site and Government therefore decided under the advice of their medical officers that a first class up-to-date hospital should be built at Trichur in a better locality. The moment this was decided there was a hue and cry and it was because of the opposition that the whole scheme had to be postponed and not because Government wanted not to spend money, there. When once there was a popular opposition, naturally Government had to postpone it. Because people said that they were not willing to shift while medical officers said it will be a waste of money to spend on the present building. Popular opinion whether majority of opinion or minority of opinion, was

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against the shifting of the hospital from its present site. In the mean time demands from other institutions came and the improvements required by them were executed with the result that within the last three years, the whole amount of 3 lakhs was spent in other institutions, so that the improvements to the civil hospital have necessarily to wait for financial resources. It was not because of any disinclination on the part of the Government to spend money but because there was a strong opposition and no constructive suggestion would come forward. I wanted to see if some alternative site which will be agreeable to both the people as well as to the medical officers could be thought of. I fixed some other alternative site but there was some strong opposition from one quarter or the other. I am not sure whether Government would not have had to face a serious situation if they had decided to shift the hospital.

* **Dr. A. R. Menon** *(Pallippuram).*—You said, Sir, that Medical Officers were of opinion that the Civil Hospital should be shifted. They have given some reasons, reasons which do not seem to be convincing. One of the reasons given was that it is in a crowded locality and there is little scope for further expansion. With regard to the crowded state, I must say that almost all General Hospitals all over the world are in crowded streets, for example the Hospitals in Calcutta, the Hospitals in Bombay and the Hospitals, everywhere. Where it is overcrowded, there the hospital is situated. The Medical Officers have gone a step further and they have suggested a new model hospital, what they call cottage hospital. They want about 5 or 6 acres of land with small cottages and it was proposed to get a new site in the centre of the town for the location of such a hospital. This matter came, I believe, before the Trichur Municipality and they formed the views that the hospital should be situated where it is. There was a difference of opinion in Trichur as there would be in all well educated, public spirited towns each one holding his own opinion. There must necessarily be a difference of opinion and there was a difference of opinion. I am not going to say that these objections were based on public grounds. There were personal grounds. There were also sentimental grounds because the hospital was there for a very long time and people did not like when a decision was arrived at that the hospital should be shifted. I know perfectly well, Sir, that your predecessor has wasted a lot of time going to Trichur. As soon as one site is fixed, objection is taken

* Speech not corrected by the Hon'ble Member.

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to it. Another site is fixed, objection is again taken. In desperation he spoke to me "How can the Government pursue? We cannot do anything." I even now do not hold that there is absolute necessity of shifting the hospital because the present hospital cannot be improved. If you rebuild that hospital within that space you can accommodate 400 or 500 patients with all up-to-date arrangements. But you want a cottage hospital. Therefore what I say is I can assure the House that the statement made by the President is borne by facts. I say we could not take any decision. The moment you choose a site, there will be objections and demonstrations and counter demonstrations. That is a fact. But I believe that for the improvement of the present hospital Government may do something. Minor matters could be done this year, the other question should be postponed pending disposal and discussion.

* **Mr. V. K. Krishnankutty** *(Anthikad).*—At the very outset when the discussion began, I was surprised that the issue was so confused and the Hon'ble Member who so ardently supported the proposition as well as the Hon'ble Member who put up a gallant fight for Ernakulam, and some of the members who posed to be members from the South and who made interjections, all travelled outside the mark. Some even touched upon the Ladies' Association, others on the Guest House and others on the Trichur Town Hall. I was really confused. Really the question is whether the Civil Hospital at Trichur requires improvement, whether the condition is such that the hospital is at present overcrowded and the hospital resorted to by so many patients and that the Government is not in a position to cater to their needs. The Diwan President has cleared a portion of the difficulties, but has created another difficulty in the path, and that is that there was no concensus of opinion with regard to the shifting of the hospital from the present site to a different site. I think even from the experience that the Diwan President has had about the people of Cochin there cannot be and we cannot expect any concensus of opinion with regard to a matter like this. I shall cite a simple case, for example. Quite recently, the Panchayat Department was kind enough to grant a certain amount for sinking a new tank in a particular locality. Sir, it will take days and nights to describe the huge fight put up by parties on both sides. They were conducting propagandas and all kinds of demonstrations so that it became really a matter of nuisance to honest people who were living in the locality. So,

* Speech not corrected by the Hon'ble Member.

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Sir, I want to draw your attention that there cannot be and one cannot expect any concensus of opinion in matters like this. I am pleased to remark that even in such a matter where there was such a huge fight—even vakils were engaged to show the nature of the position—in such a matter where the Diwan Peishkar and all sorts of officers were requested to examine the nature of the soil etc., the Diwan President was pleased to issue orders soon and to expedite matters. The amount has been set apart, orders have been passed to dig the tank in a particular place. At any rate, the people have water for the next year. Such a Diwan who is prompt in taking action need not care for the concensus of opinion on the part of the people of Trichur (Hear, hear.) He will take the best advice and he will apply his own mind to the subject and come to a conclusion early. Sir, we understand that a sum of three lakhs has been set apart for the improvement of the hospitals.

Mr. President.—That is all gone.

Mr. V. K. Krishnankutty (*Anthikad*).—That is a novel method of division. You take whole and I take none. I think the amount may be raised to 5 lakhs and we will take the rest of 2 lakhs. It is a pressing necessity. Anybody who has visited the Trichur Hospital once at least will say that the accommodation is absolutely insufficient. Patients are living outside the hospital and in the verandas and in the neighbourhood. When such a condition exists we are told 'you all come to an agreement, then we will fix up an amount and we will begin work'. That cannot be for a century to come. We will not agree. Let the Government come and order and fix up a new place.

Mr. President.—It is not that the Government have decided that the hospital should be shifted. Improvements will be made to the existing hospital.

Mr. V. K. Krishnankutty (*Anthikad*).—Have the Government agreed that the hospital is to be improved next year?

Dr. D. Raghavedra Rao (*Chief Medical Officer*).—It is not possible to provide funds for next year.

Mr. V. K. Krishnankutty (*Anthikad*).—It is to press home the necessity of improvement that the cut motion is made. I heartily support the motion.

Mr. P. Kumaran Ezhuthassan (*Wadakkancheri*).—Mr. President, Sir, the issue that I raised through this cut and I think explained yesterday or rather day before yesterday seems to have been either not understood or forgotten by most of the

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Hon'ble Members who intervened in the debate. It is unfortunate that in a matter of improvement of an institution like the Trichur Civil Hospital, the subject is seen to have been tackled by Hon'ble Members in a manner, what shall I say, most unbecoming. How good and how necessary is the improvement to the Trichur Hospital and at what time? It is at a time when you are most in need of improvement. Such a question is seen to have been tackled in a frivolous manner. Unnecessary topics have been introduced into the discussion deliberately or otherwise, I do not know. Comparisons are instituted. What for? To spoil the issue and not to improve it. Lawyers ought to have known better. The cut motion that I have tabled for discussion is for the improvement of the Civil Hospital at Trichur. I do not forget that the Medical Advisory Board unanimously decided on a change of site also. I very much like, in self honour and prestige, to keep the prestige of a body of men, necessarilyorunnecessarily brought into being by the Diwan soon after he took up the office. I am referring to the Medical Advisory Board so well conceived and so readily and easily brought into existence—to have the site also changed. I refer to this subject, Sir, because comments have been made without knowing the implication saying that the Advisory Board is only a useless body. I agree with those gentlemen if the attitude of the Government of Cochin towards that body, namely, the Advisory Board not only of Medicine but also of the three other subjects, is the one that is exhibited by the Government giving up the question of shifting this hospital from the most wretched place that you can think of for housing a hospital and not caring to take up the question of improvement. I submit, Sir, that the opinion of the persons who criticised the advisability of having constituted these Boards will gain strength, if the Government cannot accept their well considered views. I ask what have the Government of Cochin done with regard to the recommendations of their own Medical Advisory Board. And unfortunately or fortunately, the latter better than the former, I happen to be a member of the Board. At times it looks unfortunate too. My Hon'ble friend for Chittur, Mr. Eachara Menon, my Hon'ble friend on the left, the member for Narakkal and myself standing between the two constitute that Board. Do you know what we did, Sir? We travelled throughout the length and breadth of Cochin not claiming a pie of Travelling allowance. What for? To study the conditions first hand of our medical institutions. We all studied to the best of our abilities and the result of our study we placed before the Government in the form of various recommendations.

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One of the recommendations was that the medical institution at Trichur be shifted from its present place to a most ideal place, ideal I say, although I am not a medical man and up-to-date arrangements made there. It is important that the site selected by us was spacious, healthy and out of the din of the Town. No medical man will have anything to say against the selected site.

Mr. President.—I think the intention of the Hon'ble member is to censure the Government for not acting on the advice of the Medical Advisory Board. Government have decided not to shift. There is no use of dilating on it now.

I am sorry that the Hon'ble Member's time is up. He has already taken 10 minutes. I think he will conclude in two or three minutes.

Mr. P. Kumaran Ezhuthassan *(Wadakkancheri).*—I submit, Sir, that the improvement of the Hospital at Trichur is a very great necessity. Those who know its actual conditions now will agree with me and urge for its immediate improvement. Whether the site is changed or not the Government ought to shift it because they ought to respect their own body of advisers and Medical conditions also demand the shifting—improvement is absolutely necessary. That improvement is absolutely necessary is conceded by the Government. What shall I say of our Government which concede the necessity of improvement but have not provided for it in the Budget of next year? Is it your helplessness from the pecuniary stand-point? If you say yes, I will tell you no and prove my point. You could have avoided spending money on many unnecessary things and provided for this urgent improvement. Clearly it is simply criminal on the part of the Government not to have attended to the improvements necessary for the Trichur Civil Hospital. It is after all not a case of Trichur. It is the case of all the subjects of His Highness that live in Cochin State beyond the Chalakudi river. Nobody seems to take note of that fact. Trichur hospital is not intended for Trichur people alone i. e. the people in the Trichur Town and round about. It serves the whole of the northen and eastern portions of the State. Therefore the necessity for improvement having been conceded the Government ought to have provided for it. If they had not provided for it, in their reply they ought to have made suitable pleading for their negligence. I submit, Sir, this is an attitude which no Government worth its name ought to have taken regarding a Medical institution that serves more than half the

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State. It is not however surprising to me at all when I find that many Medical institutions, for example, the Wadakkancheri Medical institution have been neglected though they are in the most abominable condition. The attitude of the Government being what it is, I am constrained, whatever be the result of the voting, to press this motion to a division and take a decision of the House on the subject.

Mr. President.—The motion is for shifting the Hospital from the present site. Is it not?

Mr. P. Kumaran Ezhuthassan *(Wadakkancheri)*.—I never wanted to shift it. I wanted only its improvement, shifting or no shifting. That is the motion tabled by me.

Mr. President.—The object of the cut motion is to press upon the Government to hasten the improvement of the Hospital at Trichur as decided by the Medical Advisory Board. That is shifting.

Mr. P. Kumaran Ezhuthassan *(Wadakkancheri)*.—No, Sir, I may be excused if I venture to correct a mistake. It is the improvement of the Trichur Hospital. That is all what I have put down in the motion. That is the issue on which I press for the opinion of this Honourable House.

Dr. A. R. Menon *(Pallippuram)*.—If it is for the removal, I shall not vote for it. The point is this. If it is a question of shifting we cannot support this motion because people of Trichur are not for the removal.

Mr. President.—The issue as framed by the Hon'ble Member is for giving effect to the recommendations of the Medical Advisory Board which clearly wanted to shift it from its present place.

Mr. P. Kumaran Ezhuthassan *(Wadakkancheri)*.—It is improvement that I want.

Mr. President.—The words "As decided by the Medical Advisory Board" may be deleted. The wording of the cut motion will then be "*To press upon the Government to hasten the improvement of the District Hospital at Trichur.*"

There is no difference of opinion about that.

Motion was put and carried.

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The House rose for lunch at 1-5 p. m. and re-assembled at 2-30 p. m. with the Deputy President (M. R. Ry., A. Sankara Menon Avl., B. A. & B. L.) in the Chair.

Motion No. 35.

Mr. K. Kunhirama Menon *(Cheruthuruthy).*—*"To reduce the allotment of Rs 1,14,561 for Establishment by Re. 1. To request the Government to open a grant-in-aid dispensary at Erumapetty."*

എരുമപ്പെട്ടിയുടെ നാലുപുറവും ചുറ്റിക്കിടക്കുന്ന മിറണ്ട, കൊട്ടപ്പുറം, നെല്ലുവായ, കരിയന്നൂർ, തയ്യൂർ, തിരുവ്, എന്നീ അഞ്ചാറു വില്ലേജുകളിൽ നിവസിക്കുന്ന ജനങ്ങൾക്കു ഉപകാരപ്രദമായ നിലത്തിൽ ഗവമ്മെണ്ടിൽനിന്നും ഒരു ഗ്രാൻറ്-ഇൻ-എയിഡ് ഡിസ്പെൻസറി തുറക്കേണ്ടതിന്റെ ആവശ്യത്തെപ്പറ്റി ഗവമ്മെണ്ടിനെ അറിയിക്കുവാനാണ് ഈ ഉപക്ഷേപം ഇവിടെ അവതരിപ്പിച്ചിട്ടുള്ളത്. അവിടെ നിന്ന വടക്കാഞ്ചേരിയിലേക്കു ആറു നാഴികയിലധികം ദൂരമുള്ളതുകൊണ്ട് ആ വില്ലേജുകളിലെ നിവാസികൾക്കു അത്യാവശ്യമായി പെട്ടെന്നു വേണ്ടിവരുന്ന മെഡിക്കൽ എയിഡിനു വളരെ കഷ്ടപ്പാടുകൾ ഉണ്ടായിരിക്കുന്നുണ്ട്. ആ കഷ്ടപ്പാടുകളെ പരിഹരിക്കുവാൻ മാത്രമായിട്ടാണ് ഞാൻ ഈ ഉപക്ഷേപം കൊണ്ടുദ്ദേശിച്ചിട്ടുള്ളത്. ഈ സംഗതിക്കു ബഹുമാനപ്പെട്ട മെഡിക്കൽ മെമ്പറുടെ മറുപടി കേട്ടശേഷം ഞാൻ തൃപ്തിയായി വല്ലതുമുണ്ടെങ്കിൽ അപ്പോൾ പറഞ്ഞുകൊള്ളാം.

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—It is a tragedy indeed that a medical man has to stand up and oppose the requests to the Government for medical institutions. As it is, we have been finding it difficult, due to want of funds, for improving the existing institutions. Without the financial conditions of the State improving, it is not possible for the State to venture to open any more medical institutions at present.

Mr. P. Kumaran Ezhuthassan *(Wadakkancheri).*—May I know, on a point of information, whether there is any Ayurvedic dispensary close by?

Dr. E. S. R. Menon *(Director of Public Health and Panchayats).*—There is an Ayurvedic dispensary near by.

Mr. P. Kumaran Ezhuthassan *(Wadakkancheri).*—May I know the distance from Erumapatty to Kunnamkulam and Wadakkancheri? I think you may take it at 6 and 7 miles.

മിസ്റ്റർ കെ. കുഞ്ഞിരാമമേനോൻ *(Cheruthuruthi).*— സർ ഉപനാടുകളിലെ ആവശ്യങ്ങളെക്കുറിച്ചു പറയുമ്പോൾ അതിനു പണമില്ലെന്ന സമാധാനം പറയുന്നതിൽ ഞാൻ വ്യസനിക്കുന്നു. പട്ടണങ്ങളിൽ വസിക്കുന്ന ആളുകളുടെ സൌകര്യത്തെ ഉദ്ദേശിച്ചു പലേ ഏർപ്പാ

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ടുകളും ചെയ്തുകൊടുക്കുന്ന നമ്മുടെ ബഹുമാനപ്പെട്ട ഗവൺമെൻറു ഉൾനാട്ടുകാരായ രോഗത്തിൽ കിടന്നു കഷ്ടപ്പെടുന്ന ആളുകളുടെ കാര്യം പറയുമ്പോൾ അതിനു ഫണ്ടില്ലെന്നു പറയുന്നതിലാണു ഞാൻ വളരെ വ്യസനിക്കുന്നതു്. ആശുപത്രികൾ സ്ഥാപിക്കുന്നതു രോഗികൾക്കുവേണ്ടിയാണെന്നും അല്ലാതെ സുഖിക്കുന്ന ആളുകളുടെ ആവശ്യത്തിനല്ലെന്നും ബഹുമാനപ്പെട്ട മെഡിക്കൽ വകുപ്പുല്യൂക്ഷനു പറയാതെതന്നെ അറിയാം. പക്ഷെ ഇക്കാര്യത്തിൽ ഇതുയും നിർദ്ദയമായി മറുപടി പറയുന്നതു സങ്കടമാണു്. ഈ സംഗതിയിൽ ഇപ്പോൾ ഒന്നും ചെയ്യുവാൻ നിവൃത്തിയില്ലെന്നു് ഈ ബഡ്ജറു നോക്കിയാൽ പറയുവാൻ സാധിക്കുകയില്ല.

മിസ്റ്റർ വി. കെ. കട്ടി (*Muslims*).— ഗ്രാൻറു-ഇൻ-എയിഡ് ഡിസ്പെൻസറിക്കു് എന്തു ചിലവുവരും?

മിസ്റ്റർ കെ. കുഞ്ഞിരാമമേനോൻ (*Cheruthuruthi*).— ഉദ്ദേശം ആയിരം ഉറുപ്പികയിൽ താഴെയുള്ള ചിലവേ വരുകയുള്ളൂ. എന്നാൽ ഉപകാരം സംഖ്യപോലെ നിസ്സാരമല്ല. ഉപകാരത്തെ സംബന്ധിച്ചു പറയുകയാണെങ്കിൽ ന്യൂ വില്ലേജുകളിലെ ഫ൦൦൦൦-ൽ പരം ജനങ്ങളെ സംബന്ധിക്കുന്നതാണു്. ഇതുയും കുറഞ്ഞ ഒരു സംഖ്യ ചിലവാക്കുന്ന കാര്യത്തിലാണു് ഇപ്പോൾ ഫണ്ടില്ല എന്നു പറയുന്നതു്. ഒരു ഗ്രാൻറു-ഇൻ-എയിഡ് ഡിസ്പെൻസറി ഇപ്പോൾ സ്ഥാപിക്കുവാൻ പ്രയാസമാണെങ്കിൽ ഓണററിയായ ഒരു ഡോക്ടർക്കു മരുന്നുകളെങ്കിലും സൌജന്യമായി കൊടുക്കുവാൻ ദയവുണ്ടാകുമോ എന്നു് അറിഞ്ഞാൽ കൊള്ളാം.

Dr. D. Raghavendra Rao (*Chief Medical Officer*).—It is not possible at present.

മിസ്റ്റർ കുഞ്ഞിരാമമേനോൻ (*Cheruthuruthi*).—ഞങ്ങൾ പ്രതിനിധീകരിക്കുന്ന വില്ലേജുകളിലെ ആവശ്യങ്ങൾ പറയുമ്പോൾ അതിൽ ഗവൺമെൻറു തീരെ അശ്രദ്ധ കാണിക്കുന്നതു ശരിയല്ലെന്നും കുറച്ചു ദയവായി ഉൾനാട്ടുകാരുടെ കാര്യങ്ങളിൽ ശ്രദ്ധ പതിപ്പിക്കണമെന്നും അപേക്ഷിച്ചുകൊണ്ടു് അതിനെ വിശ്വസിച്ചു ഞാൻ ഈ ഉപക്ഷേപം പിൻവലിക്കുന്നു.

Motion was by leave withdrawn.

Motion No. 36.

* **Mr. V. K. Krishnankutty** (*Anthikad*).—"*To reduce the allotment of Rs. 1,14,561 for Establishment by Re. 1. The necessity of establishing an aided dispensary at Peringottukara.*"

Sir, we have been repeatedly requesting for the establishment of at least an aided dispensary for the inhabitants living

* Speech not corrected by the Hon'ble Member.

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in and near Peringottukara. Some 6 or 7 thickly populated villages are to be served by the dispensary which we request for. For about 6 years, we have been repeatedly requesting Government by various methods for the establishment of an aided dispensary. Petitions were put in and very favourable and hopeful replies were given. More stronger methods of moving cut motions and resolutions were also tried. The same result we had. We were given very high hopes—hopes that everything will be started next year. That is the hope. In the year 1110 as soon as I was here, I moved a cut motion for the establishment of the same. My Hon'ble friend from Urakam very warmly supported me because I took up the cause which he has been espousing for 4 years prior. Then the Member for Medicine gave me a history of the recommendations which he made to Government, how out of the 4 places which he recommended for aided dispensaries only Desamangalam was accepted. I shall read the Hon'ble Member's reply. "What the Hon'ble Member for Urakam said is a fact". That is, Government have been making promises for giving an aided dispensary to Peringottukara. "And this year proposals for opening 4 grant-in-aid dispensaries, one for Peringottukara, another for Desamangalam a third for Vilangans and the 4th for Alur have been placed before Government and unfortunately, it was not possible to include all the 4 and Government decided to open one at Desamagalam, because as the Hon'ble Member himself knows, the needs of Desamagalam were greater than those of Peringottukara". I do not know how the needs of Desamangalam are greater. Perhaps the name itself suggests it. That is what I have to say. On that date, when the Hon'ble Member for Medicine replied, I had half a mind to say that the name itself is a reply. I am sorry that such a name cannot be attached to our own constituency. But there are illoms even paying a land tax of Rs. 6000 and that the Hon'ble Member may be kind enough to remember. Sir, we are prepared to give you a building to start the dispensary free of rent. Will you accept that?

Dr. A. R. Menon *(Pallippuram)*.—Permanent building?

Mr. V. K. Krishnankutty *(Anthikad)*.—Permanently. Is the Government going to accept that? It will not be given to you but for use as dispensary. Then the question is only one of giving grants. If the necessity is not so pressing, I will be the last person to move such a cut motion because I am one who thinks that even though I represent only one constituency the greater interests should be paid more heed to. Questions of general importance

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should be attached greater importance and such local questions are as a matter of rule and practice, considered only as of secondary importance. We, the Congress Party of which the Hon'ble Member who interrupts so often is the whip, as a matter of invariable practice, give only a secondary importanc to such questions of local importance. But, Sir, when questions of local importance remain unsatisfied ever so long, then it also assumes greater magnitude and we have been pressing their claims very vehemently. I think our claim has assumed such large proportions that we have to press our local claims as the Hon'ble Members who so very vehemently presssed their claims for Mattancherri. As regards the inhabitants which would be served, the Hon'ble Member for North Ezhuvas who is an expert in topography, has said. Then the only question will be want of funds which is the last resort where Government have absolutely nothing else to say in reply. That reply cannot be validly raised in this question especially when this year Government have allowed a large sum of Rs. 18,000 and above for the luxury of an establishment—the radium. Without any disparagement to the Medical Department I may say from my little personal experience, though not as a doctor, that the X—Ray which was established at Ernakulam four years ago remain perfectly unutilised either for want of technical knowledge or pratical knowledge. Such things can be put off to serve the local needs like this. So many people are to be served by an aided dispensary. We ask only for a grant. The building we will give free of rent. If the same result is to be achieved by this radium treatment also we would humbly pray that the radium instalment may be deferred for some time and the local needs also be attended to. I beg to point out that when we are reducing the number of paid doctors gradually that amount may be utilised for aiding the rural dispensaries which would be very hopelful to the people of the locality. With these few remarks, I commend this motion for the acceptance of the House.

മിസ്റ്റർ ടി. സി. ഇയ്യുക്കുട്ടി (*Pazhanji*).— ഞാൻ ഈ ഉപക്ഷേപത്തെ ശക്തിയായി പിൻതാങ്ങുന്നു. ഏതെങ്കിലും ഒരു ടിക്കിൽ ആരോഗ്യത്തിനുവേണ്ടിയുള്ള ഒരു സ്ഥാപനം വേണമെന്നു പറയുമ്പോൾ അതു ആവശ്യമില്ലെന്നു പറഞ്ഞോ പണമില്ലെന്നു പറഞ്ഞോ തള്ളിക്കളയുന്നതു ശരിയല്ല. കൊച്ചീ രാജ്യത്തെ ജനങ്ങളിൽ നൂറുക്കു എൺപത്തഞ്ചും കൃഷീവലന്മാരാണെന്നും അവരെ സംബന്ധിച്ചു കൂടുതൽ ഗവമ്മെണ്ടു ശ്രദ്ധിക്കണമെന്നും വളരെ ശക്തിയായി ഇവിടെ പ്രസംഗിച്ച വടക്കാഞ്ചേരി മെമ്പർ എരുമപ്പെട്ടിയിൽ ഒരു ഡിസ്പെൻസറി വേണമെന്നു വേറൊരു മെമ്പർ ആവശ്യപ്പെട്ടപ്പോൾ വടക്കാഞ്ചേരി ഡി

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സ്പെൻസറിയിൽനിന്നും കന്നാംകുളം ആസ്പത്രിയിൽനിന്നും എരുമപ്പെട്ടിക്കു എത്ര മൈൽ ദൂരമുണ്ടെന്നും മറ്റുമുള്ള ചോദ്യങ്ങൾ ചോദിക്കുന്നതു വളരെ സങ്കടമായിട്ടുള്ളതാണു്. അവനവന്റെ കാര്യങ്ങൾക്കുവേണ്ടി ശക്തിയായി വാദിക്കുകയും, മറ്റുള്ളവരുടെ ആവശ്യങ്ങളെക്കുറിച്ചും അവരുടെ കഷ്ടപ്പാടുകളെക്കുറിച്ചും പറയുമ്പോൾ ഇങ്ങിനെയുള്ള വാദങ്ങൾ പുറപ്പെടുവിക്കുകയും ചെയ്യുന്ന മനസ്ഥിതി എല്ലാ സമയത്തും കൊണ്ടുവരരുതു്. മെഡിക്കൽ എയിഡ്സ് ഒരു ഗ്രാന്റു ഡിസ്പെൻസറിക്കു ഒരു കൊല്ലത്തിൽ നൂറ്റാ ഉറുപ്പിക മാത്രമേ ചിലവുള്ളൂ. ഈ നൂറ്റാ ഉറുപ്പിക ചിലവു ചെയ്യുവാൻ ഫണ്ടില്ലെന്നു പറഞ്ഞാൽ അതു വളരെ കഷ്ടമാണു്. എരുമപ്പെട്ടി, പെരിങ്ങോട്ടുകര, മുണ്ടൂർ മുതലായ സ്ഥലങ്ങളിൽ മാത്രമേ ഇപ്പോൾ ഗ്രാന്റു-ഇൻ-എയിഡ് ഡിസ്പെൻസറി വേണമെന്നു പറയുന്നുള്ളൂ. അങ്ങിനെ നോക്കുമ്പോൾ ഈ വകക്കു ഉദ്ദേശം രണ്ടായിരം ഉറുപ്പിക മാത്രമേ ചിലവു വരികയുള്ളൂ. ഈ രണ്ടായിരം ഉറുപ്പിക ഗവമ്മെണ്ടിൽനിന്നും ചിലവിടുകയാണെങ്കിൽ നാട്ടുകാരുടെ മുറവിളി കൂടാതെ ഗവമ്മെണ്ടിനു സൈ്വരമായിരിക്കുവാൻ സാധിക്കും. ഇക്കൊല്ലം ഗ്രാന്റു-ഇൻ-എയിഡ് ഡിസ്പെൻസറികൾക്കുവേണ്ടി ഏർപ്പാടു ചെയ്തിരിക്കുന്നതു് ഇതിൽനിന്നും അനാവശ്യമായുള്ള പല ചിലവുകളും കുറച്ചാൽ ഇങ്ങിനെയുള്ള അത്യാവശ്യമായ കാര്യങ്ങൾക്കുവേണ്ടി വിനിയോഗിക്കുവാൻ ഗവമ്മെണ്ടിനു സാധിക്കും. ഈ സംഗതി വളരെ ഗൌരവമുള്ളതായ ഒന്നായി വിചാരിക്കണമെന്നു ബഹുമാനപ്പെട്ട വടക്കാഞ്ചേരി മെമ്പരോടും, ബാക്കിയുള്ള മെമ്പർമാരോടും ഞാൻ അപേക്ഷിച്ചുകൊള്ളുന്നു.

Dr. A. R. Menon *(Pallippuram)*.—Does the X--Ray work properly?

Dr. D. Raghavendra Rao *(Chief Medical Officer)*.—Yes.

Dr. A. R. Menon *(Pallippuram)*.—What is the name of the officer who is in charge of the X—Ray?

Dr. D. Raghavendra Rao *(Chief Medical Officer)*.—Dr. Verghese. He has been there all along. He had his training in England.

മിസ്റ്റർ വി. കെ. കുട്ടി *(Muslims)*.— ബഹുമാനപ്പെട്ട അന്തിക്കാട്ട മെമ്പർ നിർദ്ദേശിച്ചിട്ടുള്ള ആ സ്ഥലം ഒരു അവസരത്തിൽ എനിക്കും സന്ദർശിക്കുവാൻ ഇടയായിട്ടുണ്ടു്. ആ ഭാഗം ഏതാണ്ടു വളരെ ജനങ്ങൾ തിങ്ങിത്താമസിക്കുന്ന ഒരു സ്ഥലമാണെന്നുള്ളതു എനിക്കറിയാം. ഈ വൈദ്യസഹായം നാട്ടുകാർക്കു ഏറ്റവും ആത്യാവശ്യമുള്ളതും ഗവമ്മെണ്ടിനു ഏറ്റവും നിസ്സാരവുമായ ഒരു സംഗതിയാണു്. ഇതിലേക്കു അഞ്ഞൂറോ ആയിരമോ ഉറുപ്പികതന്നെ വേണ്ടിവന്നാലും ഈ കാര്യത്തിൽ ഗവമ്മെണ്ടു ഒരിക്കലും പിശുക്കു പിടിക്കരുതെന്നാണു് എ

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നിക്ക പറവാനുള്ളതു്. പെരിങ്ങോട്ടകര നിവാസികൾക്ക അടുത്തുള്ള ഏതെങ്കിലും ഒരു ആശുപത്രിയിൽ പോയി സമയാസമയങ്ങളിൽ വേണ്ട വൈദ്യോപദേശം സിദ്ധിക്കുവാൻ വളരെ പ്രയാസമായിട്ടാണിരിക്കുന്നതെന്നുള്ളതു് അവിടെ സഞ്ചരിച്ചിട്ടുള്ള എല്ലാവർക്കും അറിയാം. അതുകൊണ്ടു് ഈ കാര്യത്തിൽ യാതൊരു അമാന്തവും വിചാരിക്കാതെ അനുവദിച്ചുകൊടുക്കേണ്ടതാണു്.

ഇതിലേക്കു് ഗവൺമെണ്ടിനു് ആവശ്യമുള്ള സ്ഥലം വാടക ക്രമത്തെ ഫ്രീയായി തരാമെന്നു പറയുന്നു. അങ്ങിനെ ആവശ്യമുള്ള സ്ഥലം ക്രമിയില്ലാതെ തരാമെന്നു പറയുന്നതിൽനിന്നുതന്നെ അവരുടെ ആവശ്യം എത്രമാത്രം ശക്തിയേറിയതാണെന്നു തെളിയുന്നില്ലേ? അതുകൊണ്ടു ഈ കാര്യത്തിൽ ഈ കൊല്ലംതന്നെ ഗവൺമെൻറു നിർബന്ധമായിട്ടു ചെയ്തുകൊടുക്കണമെന്നാണു് എന്റെ അഭിപ്രായം.

*Dr. A. R. Menon *(Pallippuram)*.—Sir, the motion is to request Government to establish more grand-in-aid dispensariesin the various parts of the State. I do not think there will be two opinions about the success of this undertaking. He began in a most grudging manner. Sir, I am not referring to the present Head of the Department. This department did not take this matter very kindly at the beginning but by the force of public opinion he gradually accepted this proposition and introduced the grand-in-aid system in the rural parts. But the parsimonious nature worthy of a miser, they are reduced and reduced to such an extent that no grant-in-aid dispensary would work properly. What is it generally paid? Rs. 360 for medicine and the doctor is given an allowance of Rs. 360, i.e. Rs. 360 plus Rs. 360 Rs. 720. What I want the House and the Government to think is unless the Chief Medical Officer gets up and says that the system has broken down, it has become a thorough failure and the public money has been wasted. In that case, I would recommend to scrap all these institutions. Otherwise, you must give the bare minimum. The minimum in my opinion should be Rs. 1000, Rs. 600 for medicine and Rs. 400 to the medical man, most of whom are people holding degrees and licenses at least some of them. That is to say, they are persons who hold the Madras degree than which there is no better degree. Such men are employed in the various dispensaries and what do they ask and what do we ask? We are asking only for a paltry sum of Rs. 35 per mensem. On the other hand, we have all sorts of allowances, duty allowances, leave allowances, local allowances, etc. Anybody will be surprised to know the

* Speech not corrected by the Hon'ble Member.

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amount absorbed by these various allowances. Various allowances are given to paid men with all the facilities for practice. Because the hospital affords facilities, it in all equity and fairness should enable the Government to demand Rs. 500 from the Chief Medical Officer instead of the Government paying him anything. There is no doubt about that. I again assert that fact. I have been telling you that there are many virtues to this profession. But there is one cardinal vice much more pronounced than in the learned profession of law, namely jealousy. This professional jealousy had also gone to such an extent that I have heard people anxiously waiting for the death of a person, and after the death of the person saying "Poor man he died. Do you know who was treating him? So and so was treating him". I know it. That is the position. He ought to have the bitter experience.

Some reference was made to X-Ray. Before the foundation for the X-Ray Department was put, a man was appointed. After the completion the man was sent for training and after some time he came back. As soon as he came back, instead of asking him to look after the X-Ray, a Civil Surgeon's post was created and it was thrust upon him and the X-Ray Department was compelled to go back again for somebody. And one or two incidents took place. Fortunately nobody was killed. These fellows do not know where to turn the current. Even in the matter of reading the report it will require some cleverness. To take a photo, to read that photo, to diagnose and draw inferences will require enormous experience, and people without any knowledge of it have been asked to work it. What I say is I can even make allowance for your personal favouritism provided the State requests are heeded to. No Government have a right to send a man at public expense or on leave for study, and after returning simply put him into another department and hand over the X-Ray to somebody else. That is what has taken place. It is all pretence to say that he is still in charge of the department. It is simply a statement without any reality in it. At the same time I am not against the radium treatment. What I do say is that you will find from your own experience, all the hospitals put together do not confer one-hundredth of the benefit that all the dispensaries contributed. Out of 100 diseases, 90 will be of a mild nature. People who go to the hospitals will be of this 10 per cent. This 90 per cent whose illness is of a mild nature can all be well attended to by rural dispensaries. You will find that a very large number of people are attending these dispensaries at this

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ridiculous cost of Rs. 700 and odd. What I want this House to take serious action about this matter is that you shall see that there is a rural dispensary established almost in every village. We don't want to increase the number of beds. We want a net-work of these dispensaries and a large number of midwives. Wherever any poor woman wants the services of a midwife there must be a midwife within a three-mile limit. The number of midwives should be multiplied so that any woman, no matter how poor she is, who passes through that terrible ordeal, gets the services of a midwife. Have a midwife within a radius of 10 miles. Have a dispensary within a radius of 10 miles and appoint qualified men who have no chance to get into Government service. Don't think I am speaking personally. These conditions are necessary and as these conditions are not forthcoming a large number of medical men in the State who cannot get into the Government service must be utilised somehow or other. The only way you can do that is by starting a number of dispensaries. I shall show you then how to reduce the expenditure in hospitals by at least 50 per cent. Therefore, I again suggest that it is your duty, irrespective of the locality, to see where there is any chance of giving medical relief that there must be a dispensary and there must be a midwife attached to it. I hope even taking it at an exaggerated scale of expenditure, it would come to one lakh of rupees to start these institutions all over the State. Is it not a good thing if you can give a midwife for every woman when she wants it, if you can give a doctor for any poor person however poor he is? That should be the attitude of the Government.

Then about the X-Ray, about the radium treatment and other things. The X-Ray is very good, but you do not know how to work it. But this is the point I want the House to understand. In every case where a request comes forward for a rural dispensary or appointing a mid-wife, let there be an understanding that we must support solidly any member who pleads for it. Slowly these institutions will come in all places, and if you do that, I think, you will be contributing an amount to give to your poor people in the rural villages.

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—Sir, at present, there are 18 rural dispensaries working in the State. There are about 17 Government dispensaries also and about 13 hospitals. In the Chittur Taluk the itinerating system is also working. The men in charge of Government dispensaries visit these centres twice a week. With the exception of the dispensaries at Varandarapilli, Pattikad and Elanad, medical men are

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getting an allowance of Rs. 360 a year and medicines costing Rs. 360 a year with a midwife on Rs. 16-20 attached to each dispensary. At Pazhanj, because the medical practitioner in charge of the grant-in-aid dispensary runs a leper clinic, he is given a special allowance of Rs. 15 for carrying on that work and is also given one servant to look after the patients. This is the way in which the present dispensaries are worked. There has been a good deal of criticism here against the improvements of hospitals. Just like people who are now requesting grant-in-aid dispensaries in their stations, people who have got grant-in-aid dispensaries want these to be converted into Government dispensaries as we have been hearing from the Hon'ble Member for Pazhanji. Then the agitation from the people who have got Government dispensaries that these Government dispensaries should be converted into hospitals is heard from the Hon'ble Member for Narakkal. I may, without the slightest fear of contradiction, say that our State is doing much more towards medical treatment than in any other part of India. It is true that there are a large number of medical men trained in the State who are qualified fully and who are unemployed. There was a time when most of these men were hoping for Government service. But now it is not a possibility and with this knowledge they have come forward to work as honrary men. But they are not willing to work as honorary men in out of the way places, where the grant-in-aid dispensaries have been started. Therefore it is incumbent on Government to set apart at least Rs. 1,000 to each of these dispensaries. No doubt out of the Rs. 1,000 that is set apart by the Government the public get the benefit of Rs. 360 set apart for medicines which is too meagre a sum and this question was gone through by our Government and it was found that a large sum was necessary if any improvement were to be made in the emoluments of these grant-in-aid medical officers as well as grants for medicines. The present allotment was given according to the system that was in vogue in the Madras Presidency at the time when these institutions were started. But now the emoluments to the medical officers as well as the allowance for medicines have been increased there and this fact was brought to the notice of the Government to increase their allowance to Rs. 40 in the case of licenciates and Rs. 50 in the case of degree holders as also to increase the allotment for medicines to at least Rs. 500 or Rs. 600. But Government ordered that it was not possible in their present financial condition to make the departure from the existing state of affairs. It was due to this that we have not been able to ear-mark any amount for starting new dispensaries.

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It is not due to want of sympathy nor that the Government does not know that these institutions are necessary; but it is purely a question of want of funds that has made them to put off this improvement.

* **Mr. V. K. Krishnankutty** *(Anthikad).*—I am surprised to hear the Member for Medicine saying that Varandarapilli, Pattikkad and Pazhanji have got dispensaries and medical officers attached to them. How is that a relief to a patient at Peringottukara I do not know. Then he was again saying that those localities which had got aided dispensaries were trying for Government dispensaries and that is perhaps the reason why an aided dispensary was not granted to Peringottukara. The Hon'ble Member has not in any way refuted the necessity of an aided dispensary at Peringottukara or for that matter anywhere where it is necessary. I do not wish to add much. Last year I did not bring in a cut motion because the Hon'ble Member was saying that Government will probably provide one to Peringottukara next year. So, I waited for that in the year 1112. I found no allotment for that year during that budget discussion. I waited for one year more and again I found no allotment for the ensuing year. So, I crave the indulgence of this House to move this motion and I hope that all members will unanimously vote with me. I press it to a division.

Motion was put and carried.

Motion No. 37.

* **Mr. P. J. Alexander** *(Palluruthi).*—*"To reduce the allotment of Rs. 1,260 for allowance—itinerating dispensaries—by Re. 1. To discuss the advisability of opening an itinerating dispensary from Kandakkadavu to Cheriakadavu and Manachery".*

Sir, Cheriakadavu and Manachery are rural areas which are properly speaking to come under the services of the Kandakkadavu dispensary. Both these places together are to have one itinerating dispensary, not two. Now, they are at least 6 miles away from the dispensary and, both by land as well as by water, access to the dispensary is a very difficult problem. For, patients by water will have to cross 3 or 4 bunds and that is extremely tedious and even a dangerous experiment for patients. Now, the nearest dispensary to these people other than Kandakkadavu is the present Mattancherri dispensary newly to be opened. Now, I would be satisfied if arrangements be made

* Speeches not corrected by the Hon'ble Members.

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for having itinerating system taken even from Mattancherri or Kandakkadavu. The thing is absolutely necessary. The fact has been brought to the notice of the Chief Medical officer continuously for about 3 years about the honorary visitors of Kandakkadavu dispensary and yet the matter has not received serious attention. Hence I am obliged to bring this cut motion in this Council. The expense involved would be very small, so that the difficulty of funds cannot be pleaded in this case and the service rendered by it will be immense, so that it may be justified by all. I would wish the Hon'ble Member for Medicine to accept this cut motion.

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—Government will consider about it.

Mr. P. J. Alexander *(Palluruthi).*—I withdraw the motion.

Motion was, by leave, withdrawn.

Motion No. 38.

Mr. A. Eachara Menon *(Chittur Rural).*—"*To reduce the allotment of Rs. 14,390 for Mental Hospital by Re. 1. The policy of the Government in the maintenance of the Mental Hospital*".

Sir, my point in moving this cut motion is to bring to the notice of the Government the unnecessary expense incurred by the payment to the doctor as well as the expenses for supplying medicine to the lunatics in the Mental Hospital. There is an Assistant Surgeon there to treat 100 and odd patients where we need not expect any other disease than that of lunacy which they do not treat there. So, there is no necessity for an Assistant Surgeon to be posted there. We have only one Sub-Assistant Surgeon in the Central Jail where there are more patients to be treated. What is the treatment for lunacy? What is necessary there is a good kariastha to give them food. One Parvathyakaran will do well there and a Sub-Assistant Surgeon or the Civil Surgeon may be asked to pay visits like what is done in Calicut, Vellore etc. In one of the journals from America I had occasion to read that by the homeopathic treatment about 85 percent of the lunatics were relieved. I do not see why we should not try it here. It is very well and good. And it is very cheap. Whatever it may be the appointment of an Assistant Surgeon in the Lunatic Asylum is unnecessary and if the homeopathic treatment is adopted these poor people can be relieved of their suffering. I think that also should be considered.

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Dr. D. Raghavendra Rao *(Chief Medical Officer).*—The chief idea of having an Assistant Surgeon was that there should a better qualified man there and it is also an institution where we spend a lot of money.

Mr. A. Eachara Menon *(Chittur Rural).*—The Chief Medical Officer can go and sit there if he likes.

Dr. A. R. Menon *(Pallippuram).*—Just to understand the point, does the Member want a highly qualified or a man specialised, or considering that no benefit at all is derived from these institutions it is unnecessary to appoint such a highly paid officer? You do not want a highly qualified man.

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—The idea of getting an expert is certainly desirable. But it will be going in for a heavy expenditure.

***Dr. A. R. Menon** *(Pallippuram).*—The point is this. So far as I know with regard to the allopathic system, no matter we would have an expert or not, what can the expert do? I do not know how the homeopathic system will work. The medicine is cheap, only one pie for one doze. So we can certainly save. Whether the people will be cured or not I do not know. Unless there is corresponding benefit, there is no use of appointing an expert. If there is benefit, certainly we should not grudge anything for these poor people. If there is no corresponding benefit it will be really a folly to appoint an expert simply to have a man going about and coming back and saying that he is an expert. There are only 100 patients there. So, I do not think that there is any necessity for getting a highly paid officer for the Mental Hospital.

Mr. K. S. Panickar *(Ezhuvas North).*—On a point of information, Sir, ഒരു ആയുർവ്വേദ വൈദ്യൻ ആണറിയായിട്ട് ഈ മെൻറൽ ഹാസ്പിറൽ ക്രൂടി നടത്തിക്കൊള്ളാമെന്ന് കാണിച്ചു ഗവ മ്മെൻറിലേയ്ക്ക് അപേക്ഷിച്ചിട്ടുണ്ടോ?

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—No.

മിസ്റ്റർ കെ. എസ്സ്. പണിക്കർ *(Ezhuvas North).*—അനവധി ഭ്രാന്തന്മാരെ ചികിത്സിച്ചു ഭേദം വരുത്തീട്ടുള്ള ഒരു വിദ്വാനാണെന്നു സർവ്വരാലും സമ്മതിച്ചിട്ടുള്ള സ്വാമി രാമാനന്ദൻ ഈ മെൻറൽ ഹോസ്പിറൽ ക്രൂടി വിട്ടുകൊടുത്താൽ ഓണറിയായിട്ട പണിയെടുത്തു

* Speech not corrected by the Hon'ble Member.

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കൊള്ളാമെന്നും, അദ്ദേഹം തന്നെ ചികിത്സിച്ചുകൊള്ളാമെന്നും, ആറു മാസം പരീക്ഷിച്ചുനോക്കുവാൻ അനുവദിക്കണമെന്നും ഗവൺമെണ്ടിലേക്കപേക്ഷിച്ചിട്ടുള്ളതായി എനിക്കു സൂക്ഷ്മമായി അറിയാം.

മിസ്റ്റർ കെ. പി. കണ്ണൻനായർ (*Secretary to Government*).— മെൻറൽ ഹോസ്പിറ്റലിലെ ഓണററി ജോലിക്കുവേണ്ടിയുള്ള അപേക്ഷ കിട്ടീട്ടില്ല.

മിസ്റ്റർ കെ. എസ്സ്. പണിക്കർ (*Ezhuvas North*).— അങ്ങിനെ വിദഗ്ധന്മാരായിട്ടുള്ളവർ ഓണറേറിയായിട്ടു നടത്തിക്കൊള്ളാമെന്നു പറയുമ്പോൾ പരീക്ഷാർത്ഥം ഗവൺമെണ്ടിന് അതു ചെയ്യുവാൻ വിരോധമുണ്ടോ?

Dr. A. R. Menon (*Pallippuram*).—Why not Government hand over a number of beds?

Mr. K. P. Kannan Nayar (*Secretary to Government*).—Government will seriously consider that.

മിസ്റ്റർ കെ. എസ്സ്. പണിക്കർ (*Ezhuvas North*).— അദ്ദേഹം ചികിത്സിച്ചു് അനവധി ഭ്രാന്തന്മാരെ ഭേദം വരുത്തിട്ടുണ്ടു്. ഇപ്പോൾ ഭ്രാന്താശുപത്രിയിൽ നോക്കുകയാണെങ്കിൽ ഭ്രാന്തു കുറയ്ക്കുന്നതെന്നു സംശയിക്കുന്നവർക്കും വളരെ വർദ്ധിക്കുവാനേ ഇടയുള്ളൂ. (ചിരി)

Mr. A. Eachara Menon (*Chittur Rural*).—The Member for Medicine has been quite silent about the question of doing away with the post of the highly paid Assistant Surgeon there. Since Government has assured that the question will be sympathetically considered I beg leave of the House to withdraw the motion.

Motion was by leave withdrawn.

Motion No. 39.

* **Dr. A. R. Menon** (*Pallippuram*).—"*To reduce the allotment of Rs. 3,86,320 for Medical by Re. 1. To discuss the advisability of introducing Honorary system in Government Hospitals as quickly as possible*".

Sir, this question of introducing the honorary system was raised some 11 years ago in this Legislative Council by the introduction of a Bill on that principle by myself. This question was then threshed out completely and formed the subject matter of brilliant speeches and the points in favour and against this proposition have been elaborately and exhaustively dealt with.

* Speech not corrected by the Hon'ble Member.

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The Bill suffered a fate which no other Bill in the history of this Legislative Council has suffered. I do not wish to speak in harsh words as to what took place then and that for obvious reasons. After some time, Government, because of the pressure of the arguments of this side of the House and of the immensity of the pressure, began gradually to introduce this system. With the advent of the present Chief Medical Officer, who was always in support of this system—I thank you for that the honorary system received an impetus at his hands. To make it a successful institution, to work it smoothly and efficiently, certain principles have to be placed before us and unless this is based upon those principles, the system, far from being a useful one, may end disastrously. Unfortunately the system has been so worked out that in some parts it has been earning an evil reputation. It is not the fault of the system, but it is the working of the system. In the Bill which was introduced here, we pointed out the principles on which this system should be based and we succeeded in showing the Government and to impartial men that the system has its great advantages and that it meets the requirements of all the parties concerned. But the peculiarity of this system is that it is with the approval of the three parties concerned. Who are the parties? The suffering public is the first, the medical man is the second and the third Government that spends the money. I shall briefly deal with these.

How is it that the patient is going to be benefited? The benefit that he derives does not necessarily come with the size of the building or the equipment but the manner of dealing with the patients of those who are in charge of the patients will go a long way to make it a success or a failure. If you can make the medical men work more vigorously, and deal more courteously with the patients who come to them for treatment, then that system has got a better claim to be introduced in our hospitals than the paid system. There is no difference between a paid Government doctor and a private doctor. When you are compelled to be generous, decent, kind, at least out of social considerations you will have to accept these virtues which you do not have unless you are compelled. Under this system since no payment is made, unless you possess the best character and you show an enthusiasm for work and generally behave courteously to the patients, you will not only incur the displeasure of the public but you will not be able to establish a reputation and thereby your private practice will dwindle into nothing. But when a man is paid Rs. 400 to 500, whatever he makes

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outside, is only an additional income he is impudent, unkind, ungenerous and insolent and he comes to have in a way all those vices which should not approach a medical man in his professional duties. These qualities are much more useful from the point of view of the treatment, for the psychological appeal to the patients than the scientific system of treatment. These qualities will produce a more useful impression on the mind of the patients. The honorary system when once introduced, all the medical men will be compelled to assume a more reasonable attitude towards the patients. Is there any one in this House who will say that all the poor patients are treated now with this consideration? Not even the Chief Medical Officer will be able to go and look into all these various cases. I remember the case of a man who came to the hospital and who was refused to be admitted. I won't mention the name of the man. Because of the virtue of his position patients will have to go to him. But if he is a private doctor, depending upon the goodwill of the people, he will be more courteous, he will be more kind, at least he will behave more kindly.

Secondly, all professions require competition, competition day and night. That competition is wanting in the present honorary system because all the vital posts are occupied by the paid men. Take the case of the General hospital. Is there one who holds the vital place? What I want is to appoint honorary assistants able to compete with the Chief Medical Officer. The C. M. O. will be a better man, more efficient and a better officer than he is to-day. It is only in places on a footing of equality there will be competition. There are a number of people appointed as Assistants. Their main occupation is to carry basins. When I pointed this out, a few beds were given. Certainly the paid man cannot complain, if he is put on an equal footing with the unpaid man. For example there is a Highly qualified eye specialist in Ernakulam. Why not give him 10 or 12 beds? I mean Dr. Puthooran. He is a very qualified man. But he cannot be ordered about as you like by other paid men. I shall get you any number of honorary men to work in all these departments provided they are given equal status with the corresponding paid men. In all hospitals where the honorary system is introduced the honorary men are given the same status as the paid men and sometimes paid men are subordinate to them. Here the position is the reverse. Here a paid man sits over the honorary man. In other places where the honorary system is worked, the paid man occupies a lower grade than the honorary men. In Municipalities it is so and it

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is so even in District boards. The president is paid nothing but there are subordinates to him drawing more than Rs. 1,000. That is why the honorary system is not thriving here and it would be otherwise if the system had been worked as in other places. The honorary people are asked to go to the hospital at 7 a. m. and they are compelled to remain there till 12 o'clock. How are they to live, on air or imagination? They must eke out a living. It is out of spite that you ask them to be there from 7 to 12. There is a fixed time for honorary men in every other hospital. When their work is over, they can go. For the specialists certain days of the week are set apart, say Mondays and Thursdays. They come for their work and clear out. Men will be forthcoming if you do this. As it is it is impossible for the doctors to come and go at fixed times.

I agree that raw men should not be appointed. There must be certain rules that so many years' experience is necessary, and all that. At least fifteen years' experience is necessary you can say.

The third reason is that you should not put paid men and honorary men on a different footing. This will not thrive where paid men exist. It thrives where there are no paid men. It thrives in Cranganur and Narakkal. What I want is that if the Government think of doing anything let them put up a new hospital with 150 beds without any paid man and appoint honorary men. If within six months Government find that they are not satisfied then scrap this system entirely. Either you must be serious about it or scrap it entirely. Nobody can compel you. If you want this system to succeed do it under proper conditions. There shall not be a single paid man. We must get down the rules governing the honorary system that is found in various European countries. Gentlemen, it is not to save the expenditure alone. Germany, France, etc., are not poor countries. Even in rich countries medical men are not paid. I do not know why our Government is so pertinacious in keeping up this paid system. If a man is incompetent why do you allow him to go on? Why do you prop him up and hide his incompetency and give a lot of trouble to the innocent patients. An incompetent man is impudent. Incompetence and impudence go together. It is a very serious matter. And our point is rural dispensaries must be established every-where and midwives must be available everywhere. How are you to meet this expenditure unless there is a source of reduction? Out of the Rs. 100 now paid, 60 per cent is for the staff. It is scandalous that in a charity like this, 60 per cent of the total

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expenditure should be utilised for the staff in the shape of allowances. I want to convert it into 60 for the patients and 40 for the staff for the present. If you introduce this system, you can save the one lakh of rupees now paid to the paid doctors. There are similar conditions elsewhere. I do not see why a special concession should be given to the medical men here. I cannot understand why this system was not introduced here from the very beginning. Perhaps there may not have been medical men available here. You were blindly copying the British rules. There in the I. M. S. if you don't appoint paid men, there will be nobody to support them. But here the case was different. I think if this matter is taken up seriously and wherever possible, it will be a very great thing. A fair trial must be given. Now the quarrel between the paid and the honorary men is as acute as it can be. The essence of the system being a spirit of competition, it would be improper if one man is entrusted with the whole management. With regard to the number of beds, it must be distributed according to the position enjoyed by each independent of each other and each one must be allowed to have his patients in his ward and the general management should be given to one man for the present. If you do not get honorary men to work it is because you do not put them in independent charge. You must distribute the beds and allow each one to look after the beds allotted to him. One principle you must remember is that the interests of the patients should be safeguarded and every man has a right to say which doctor you want. No one can say that unless you go to a certain doctor you will not be treated. Each patient must have a right to choose his own doctor. That can be done only if all the doctors are given equal status and facilities. I press that this aspect of the question should also be considered by the C. M. O. with regard to the honorary system. With these few words I commend the resolution for the acceptance of this House.

Mr. P. Kumaran Ezhuthassan *(Wadakkancheri).*—Sir, as a member of the Medical Advisory Board I have very great pleasure to support the proposition placed before the House. An approach to this question, though poor, has already been made in one of the meetings of the Advisory Board and it is gratifying to note that the proposition that was considered by the Medical Board has been accepted by the Government. But the proposition that was considered and accepted by the Government does only approximate to what is contemplated to be achieved through this cut motion. The resolution unanimously

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accepted by the Board was "It is desirable to continue the practice (of placing hospitals in charge of honorary Medical men) in view of the fact that, if this system is continued, it might pave the way for the abolition of some of the posts in the medical service and to that excent minimise the expenditure of Government". This was the resolution adopted and it is extremely gratifying to note that the Government have been pleased to accept the resolution. Government proceedings have been issued and as I said before it is gratifying to see that this at least has been accepted by the Government although perhaps more important resolutions of the Board are seen to have been rejected by the Government. Now I shall enter into the merits of the proposal that is placed before the Government. As I said before, I have great pleasure to associate myself with my Hon'ble friend the member for Pallippuram. As my Hon'ble friend stated the advantages that follow the system of honorary medical men being put in medical institutions in the manner suggested by the Hon'ble Member will have all the desirable advantages that the Hon'ble Member told this House it contains. As he said paid men who at times are seen to be behaving in a manner which ought not to be the correct attitude of them, will get themselves changed and improved. If there is a healthy rival to put him on correct lines by his example and by instilling in his mind the fear that if he does not work with sincerity he may be ruined, it will make him work. This helps the patient very much. In order that this system may work to be a useful one it is also necessary that it is not practiced in the way in which it is now done. The present system as was stated is that honorary men are entertained provided they satisfy the conditions of being taken on as honorary men. But the role that they play is a subordinate one although not the role that the Hon'ble Member for Pallippuram stated they are occupying in certain hospitals, viz. carrying basins etc. although it is not much better now. At any rate he occupies a subordinate position. On the other hand if a certain number of beds is put in the independent charge of the Honorary men they will be paying more attention to the patients with the result that the paid doctor also will be paying more attention to the patients under his charge. Unless there is a definite rule laid down by the Government in the matter of the work alloted to honorary men, that they should be in independent charge as far as a certain number of beds is concerned, there is no use. That is not the practice now obtaining. The practice now obtaining is the one where there are paid men. It is gratifying to note that there is another type. As and when retirement takes place the place of the retired men is given to

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an experienced honorary man and he is given independent charge like Narakkal, Nemmara and Cranganur. My personal information gained from personal enquiry not only with the doctor and patients but also the public is that the patients do prosper well and that the doctors are not the worse for non payment by Government and the result is therefore a healthy one. With regard to that kind of honorary system we have no complaint. The only thing is that that policy may be adhered to and exceptions not even one may be made for reasons which the Government have at times on various considerations taken up. I will stress upon one part of the question and close, viz., that proficient men in various branches of medicine being available though not in plenty in this country — I have even got names with me but I do not place them before the Government, for Government also must have been handling some of them — it is desirable that those gentlemen are encouraged by taking them on not only to the subordinate institutions but also to the head institutions at Ernakulam and Trichur and giving them independent charge of certain number of beds, so that a sort of healthy rivalry may be set up between the paid doctor and the unpaid. Sure as anything the desirable event of both the paid man and the Honorary man trying to excel each the other will be the result. With this hope and with the hope that the Government will certainly not bring arguments against this I support this motion.

Mr. A. V. Moothedan *(Chalakkudi)*.—There were some troubles in the Narakkal hospital. How do they stand?

Dr. D. Raghavendra Rao *(Chief Medical Officer)*.—I do not think that there was any trouble in that hospital or any other hospital.

Mr. A. V. Moothedan *(Chalakkudi)*.—I saw it in the papers.

Dr. D. Raghavendra Rao *(Chief Medical Officer)*—The trouble was among the public, one party fighting the other and not in the hospital.

It is a question of policy of the Government and I have very little time to speak about it. But within the time allotted to me I shall try to explain the Government position. Rome was not built in a day and the paid system cannot be abolished within 24 hours. It is only a few years since the honorary system was introduced in the State and I believe it is only five or six years since the first honorary officer was appointed in the State. The first man who volunteered himself was the Assistant Surgeon at Narakkal. Now let us see how we started the work,

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how we have progressed and where we have reached. The picture that has been drawn by the Hon'ble Member for Pallippuram is not quite true. I must say that boldly. The men that come in for Honorary service were young men fresh from the College not having much of experience and as such they were posted in the major hospitals to work under the civil surgeons and gain experience. A few of them are now in independent charge of hospitals. The one now at Nemmara is a gentleman who is a graduate, who was fresh from the College and was practising for a few months in Trichur. After some time he was given independent charge of the Nemmara hospital with a paid man to work under his direction.

Dr. A. R. Menon *(Pallippuram).*—Did you ever advertise for any honorary men?

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—Even without advertisement a lot of men are coming.

Dr. A. R. Menon *(Pallippuram).*—My question is whether you advertised through the public press or through the Government Press that you would like to have men with experience and qualifications to hold posts of honorary surgeons and physicians.

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—There was no necessity for that. There were already paid men in charge of hospitals and there was no necessity for honorary doctors as there was not sufficient work. At Cranganore also the hospital is in charge of an Honorary doctor and he has two unpaid doctors under him. At Narakkal the dispensary is being looked after by an honorary doctor. He has also got a paid man working under him. This is the experience gained during these few years.

With regard to these bigger institutions they are kept on the same status as the paid men. There is absolutely no difference between the paid man and the unpaid man as regards status, responsibility and everything.

Dr. A. R. Menon *(Pallippuram).*—Who is the man equal in status to that of the Civil Surgeon?

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—In the General Hospital now there are four. They are Messrs. M. I. Mathew, P. B. Kurup, P. Madhava Menon and V. Krishnankutty Menon. These are the honorary assistant surgeons here.

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Dr. A. R. Menon *(Pallippuram).*—I ask who is the officer who is placed on equal status with that of a civil surgeon.

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—There is no other man of the status of the Civil Surgeon. Then there are honorary sub-assistant surgeons who are given the same kind of work as the paid sub-assistant surgeons. So you will be pleased to find that the Government have been steadily following the policy of giving honorary men the same status as those of the paid men. Ever since this system was brought into force no paid man was taken into the department except in one case and that too was the case of an unrepresented community.

Dr. A. R. Menon *(Pallippuram).*—Are you sure? Is not your memory wrong?

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—If I remember right two were entertained. One Muslim and a Brahmin were entertained and the rest of the vacancies were filled up by women. We could not get unpaid women.

Dr. A. R. Menon *(Pallippuram).*—How does anybody know that there is scope?

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—Nothing has been kept private from the hospital. Our defects are magnified generally. So under the present circumstances it is quite impossible to do anything further. We are watching the results. Government are sympathetically viewing the problem. As it is we have got paid men.

Dr. A. R. Menon *(Pallippuram).*—I admit that there are very large number of medical men. There will be more scope for work. As you should get honest work from this profession you must appoint honorary surgeons in each locality.

Dr. D. Raghavendra Rao *(Chief Medical Officer)*—I may also point out that in Mattancherry honorary physicians and surgeons have been appointed. As regards taking more honorary men there will not be enough scope for work.

Dr. A. R. Menon *(Pallippuram).*—We do not want to send away any paid man.

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—There are 11 doctors in the Civil hospital.

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* **Dr. A. R. Menon** *(Pallippuram).*—But all these 11 are under one man. I do not want the whole hospital to be divided by the C. M. O. and half a dozen civil surgeons for the reasons I have stated just now. I do not want to send away any paid man. What I say is that the man who is drawing 500 rupees and having 80 beds under him can have no reasons to complain if 40 beds are given to an honorary man. Therefore it is not the work that stands in your way. You want the work to be kept entirely in your hands. As your predecessor said we are poaching into your preserves. Take the eye department. Why not give the honorary man half the number of beds. I cannot understand your objection. If there is any objection it is only professional jealousy. If you are afraid of the private practitioners, why not say so? Why do you want to keep them out? The House must take that responsibilty. Do you want this system to be introduced in a very lively fashion as a living institution or as a dead one. If you want the former certain alteration must be effected and people should be appointed who will have the same position and status as civil surgeons. There is no harm in giving the paid doctor his full pay and giving half his work to the honorary man. The C. M. O's dog in the manger policy does no good. I think a vote on this subject will give an incentive to Government and strengthen their hands. The issue is to introduce the honorary system as soon as possible. We do not want anybody to go.

Dr. D. Raghavendra Rao *(Chief Medical Officer).*—If honorary men of such experience will come forword Government will be pleased to consider their case. Up to now we had no such men.

Dr. A. R. Menon *(Pallippuram).*—Will you give a competent man the same position as a paid Civil surgeon, an equal status and facilities in your hospital? What is your objection to put honorary men here? Why not give the same position to un-paid men when work is reduced by half?

Mr. K. P. Kannan Nayar *(Secretary to Government).*—So far as this question of distribution of beds is concerned Government must have very serious objection to give the administrative control of the Hospital. There must be somebody responsible for the administration of the hospital, collection of money, etc. With reference to the treatment of patients there may not be any objection to hand over a few beds and put

* Speech not corrected by the Hon'ble Member.

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honorary men in charge but still they should be under the control of somebody who should be responsible to the Government.

Dr. A. R. Menon *(Pallippuram)*.—That shows the absolute ignorance of the Hon'ble Member. The honorary man has nothing more to do than to prescribe the diet and medicine to the patients and then go away. He has nothing to do with the hospital. He will write down the prescription, examine the patients, give directions to the nurses and go away. His directions should carry the same weight as the paid man. Where is the administrative control here? It is in the hands of a Manager or Secretary, paid or unpaid and the doctors have nothing to do with it. Now the Civil Surgeon is under the C. M. O. The Honorary man should also be under the C. M. O. but he should not be under the civil surgeon. We want your civil surgeons to work in a proper way, and support the medical men here who want to work. If competent men are forthcoming with the same qualifications as your civil surgeons who are appointed now, will they be appointed in the same position on an equal footing with the civil surgeons under the C. M. O?

Dr. D. Raghavendra Rao *(Chief Medical Officer)*.—If they are appointed they will be under the C. M. O.

Mr. K. P. Kannan Nayar *(Secretary to Government)*.—So far as that question is concerned Government will seriously consider it.

Dr. A. R. Menon *(Pallippuram)*.—In order to strengthen the hands of the Government I press the motion to a division.

Motion was put and carried.

The Demand under Medical less Rs. 3 was put and carried.

16—Medical—Cranganur—Rs. 6,130.

Dr. D. Raghavendra Rao *(Chief Medical Officer)*.—I rise to move for a grant of Rs. 6,130 under 'Medical—Cranganur.'

Demand was put and carried.

24—Ayurveda—Rs. 18,126.

Dr. E. S. R. Menon *(Director of Public Health and Panchayats)*.—Sir, I rise to move for an allotment of Rs. 18,126

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